DOCUMENT RESUME

ED 032 552

CG 004 229

By-Ayers, George E., Ed

Rehabilitating the Culturally Disadvantaged.

Rehabilitation Services Administration (DHEW), Washington, D.C.

Pub Date 16 Aug 67

Note-140p.; Report of a Regional Conference on Rehabilitating the Culturally Disadvantaged held at Mankato State College, Mankato, Minnesota, August 16-18, 1967

EDRS Price MF-$0.75 HC-$7.10

Descriptors-•Culturally Disadvantaged, Disadvantaged Environment, •Disadvantaged Youth, Indians, Program Descriptions, •Rehabilitation, •Rehabilitation Programs, •Vocational Rehabilitation

A conference on rehabilitating the culturally disadvantaged was held at Mankato College in 1967. The purposes were to provide the trainees (1) the essential information relative to the characteristics and problems of, as well as the methods for, rehabilitating the culturally deprived; (2) an opportunity to cooperatively develop criteria for utilization by state vocational rehabilitation agencies in diagnosing cultural deprivation; and (3) an opportunity to delineate and develop procedures for increasing the provision of vocation rehabilitation services to the culturally disadvantaged. The four sections of the report deal with the following areas: (1) rehabilitating the culturally deprived, (2) approaches to rehabilitating the culturally deprived, (3) representative rehabilitation programs for the culturally disadvantaged, and (4) summary reports of workshop sessions. Topics discussed include: (1) preparing diagnosticians for working with the culturally disadvantaged, (2) communicating with the culturally disadvantaged, (3) approaches in rehabilitating the Indian, and (4) The Minnesota Rampac Project. A list of conference participants and a bibliography are included. (Author/KJ)

ED0 32552

REHABILITATING THE CULTURALLY DISADVANTAGED

MANKATO STATE COLLEGE

1867 MINNESOTA 1967

CG004229

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

REHABILITATING THE CULTURALLY DISADVANTAGED

Proceedings of a Regional Conference on
Rehabilitating the Culturally Disadvantaged
held at Mankato State College, Mankato, Minnesota
August 16-18, 1967

Edited by
George E. Ayers
Associate Professor & Director
Rehabilitation Counseling Program

In cooperation with the
REHABILITATION SERVICES ADMINISTRATION
Social Rehabilitation Services
Department of Health, Education and Welfare
Washington, D. C. 20201

Many people see only the negative environmental conditions that surround the disadvantaged, and they believe that this is the culture. They feel that it is democratic and liberal to "accept" this culture (just as another way of life). But understanding of this culture must include a genuine appreciation of the positives that have arisen out of effort, however insufficient at times, to cope with the difficult environment.

This is different from the standard view which, by accenting deprivation, emphasizes weakness. In fact, one of the great difficulties with formulations like "culturally deprived," "disadvantaged," "culturally handicapped," "impoverished," and the like is that they connote inadequacy, rather than present a rounded picture of the culture which would have to include strengths as well as deficiencies.

-----Frank Reissman

FOREWORD

Since the early 1900's, the field of vocational rehabilitation has experienced multitudinous changes. Yet, these metamorphic changes only represent the threshold as to what the next fifty years may have in store for us. Traditional concepts and practices are beginning to erode so rapidly that it is conceivable that developments in the future will be phenomenal.

One area already experiencing significant change which will affect the system of delivering rehabilitation services is the clientele served. Vocational rehabilitation programs have been relatively successful in serving the physically, mentally, and emotionally handicapped. As a result of the enactment of the Vocational Rehabilitation Amendments of 1965, however, eligibility for rehabilitation services provided by state vocational rehabilitation agencies was extended to the culturally disadvantaged. It is incontestable that state vocational rehabilitation agencies have moved very slowly in approaching this new disability group. Two salient factors--the lack of knowledge and development of diagnostic criteria and the lack of experience with this disability group--seem to have influenced the provision of vocational rehabilitation services to the culturally disadvantaged.

In an effort to rectify these problems, a conference on "Rehabilitating the Culturally Disadvantaged" was held at Mankato State College August 16-18, 1967. The purpose of this conference was to provide the trainees (1) the essential information relative to the characteristics and problems of, as well as the methods for, rehabilitating the culturally disadvantaged; (2) an opportunity to cooperatively develop criteria for utilization by state vocational rehabilitation agencies in diagnosing cultural deprivation; and (3) an opportunity to delineate and develop procedures for increasing the provision of vocational rehabilitation services to the culturally disadvantaged.

State directors and selected administrative personnel from Region VI attended this conference. All participants examined, gathered, and brought to this conference for discussion purposes information relevant to the procedures used in their state agency in diagnosing and providing services to the culturally disadvantaged. This advance preparation for the conference on the part of the participants contributed significantly to the overall achievement of the objectives set forth.

G. E. A.

PREFACE

My charge for this conference was to list the purpose and objectives of the conference. There was no need to reiterate these factors since each participant received such information prior to the conference. I therefore would like to pose some questions that will necessitate consideration by rehabilitation personnel in dealing with the rehabilitation of the culturally disadvantaged.

1. Do we need a working definition of the culturally disadvantaged?
2. If an individual is a member of a certain ethnic group, do we automatically characterize and categorize this person in terms of preconceived attitudes toward this group?
3. What are the essential eligibility criteria required for working with this type of client?
4. How do you handle latent prejudices held by vocational rehabilitation staff towards a particular ethnic group?
5. Has Title IV of the Civil Rights Act (Assurance of Compliance) been a problem with community agencies which indirectly influence services to the minority groups?

I have often been called an opportunist. And I don't think there is a more opportune time than right now to relate to you a few of my thoughts relative to working with the culturally disadvantaged. Many counselors are skeptical about their ability to work with individuals who are members of a minority group or who are socially, economically, or emotionally deprived. They do not respect the importance of the intuitive process, the personal sensitivity, and the perceptiveness through which a good counselor builds up a positive relationship with these people. Any person who works directly with disadvantaged people can sharpen his intuition and facilitate his deliberate actions if he understands the basic principles of helping a person with his problems. This understanding becomes more prevalent if the counselor is working with an educationally and socially disadvantaged person whose sum total of life experiences has been and is very different from those of people he has known in his own community. It was my hope that this conference would suggest some elementary guidelines for rehabilitation workers in this area.

One of the basic elements important to a helping relationship is the element of empathy, the understanding of the client from the client's own frame of reference. Empathy is different from sympathy, although they both imply a caring for the individual. When a counselor has empathy for a client, he appreciates how the client feels. He puts himself in the client's place, yet he does not over-identify with the client's feelings or troubles. Barrett Leonard, in his article "Significant Aspects of a Helping Relationship," which appeared in the April, 1963, issue of Mental Hygiene, stated that "an important element in a helping relationship is that of having respect for and caring for the client as unconditionally as possible." The question now becomes one of how we can show compassion without becoming over emotionally involved.

Barrett Leonard feels that part of the answer to the above problem may lie in the vocational rehabilitation counselor's approach to the problem. He must be understanding and show a genuine regard for the client's development. Another factor Leonard mentions is trustworthiness. How can we be genuine, dependable, and internally as well as externally consistent? How can we as counselors avoid becoming unrealistic in our expectations? How can we avoid feelings of hopelessness and futility provoked by the very nature of the client's problems? How can we develop more consistent attitudes towards the minority groups?

Any attempt to convince yourself that you feel accepting of a member of a minority group, when in fact you feel annoyed or hostile, is being internally inconsistent. Sooner or later this inconsistency will be perceived by the client and will be interpreted as untrustworthiness.

The important point that I would like to emphasize is that the counselor needs to be aware of his feelings and attitudes when working with a member of a culturally different group. When a counselor is not aware of his feelings, he sometimes sends out contradictory messages. The confused client does not know whether to believe the right words or the not-so-right tone of voice or expression. "Her talk is a whisper, but her looks yell at you," said Dennis the Menace to his buddy in a recent cartoon depicting two children outside a library from which they had obviously just been ejected by the librarian.

Eleanor Pavenstead in an article in the January, 1965, issue of the American Journal of Orthopsychiatry reported an interesting study of family life in the lower socio-economic group. She found that the style of living among the stable "upper-lower class group," consisting of factory workers, house painters, truck drivers, and so forth, was very different from the style of living among the disorganized families identified as "lower-lower class." The latter group, in which unemployment, separation, desertion, divorce, abandonment, neglect of children, and dependency upon public aid were very frequent, furnishes our schools with children who frequently fail to learn. They are the ones who eventually end up as vocational rehabilitation clients. A superficial examination might not easily distinguish between the children of Pavenstead's two groups. They came from the same neighborhood and were equally well clothed, but their lives had been radically different. In addition, Pavenstead's vivid description of the disorganized families and the way of life they endured builds up the innumerable deficits in their lives. She states that:

> The outstanding characteristic in these homes was that the activities were impulse determined. Consistence was totally absent. The mother might stay in bed till noon while the children were also kept in bed or ran around unsupervised. Although the families sometimes ate breakfast or dinner together, there was no pattern for anything. We saw children crying from some injury dash into the apartment, run past the mother, and continue to scream. The mother seldom inquired

> about their injury or attempted to comfort them. Ridicule was likely to be the response. None of the children owned anything. A recent gift might be taken away by a sibling without anyone intervening. The parents often failed to discriminate between the children. A parent, incensed by the behavior of one child, was seen dealing a blow to another child who was closer. Communication by means of words hardly existed. Directions were indefinite or hung unfinished in mid air. Children in such an environment have to learn to cope for themselves, and they become extraordinarily adept in certain areas. Extremely skillful in reading their cues, they focus on adults beneath them so as to obtain the praise, attention, food, money, and whatever else they want. The children masked pressure by clowning and grimmacing and showing no distress when hurt. They wore wide smiles, quite inappropriately. When disappointed or angry, these would fade away. When upset or anxious, they might become paralyzed or engaged in some frantic repetitive motion. Words were used imitatively and often quite out of context. The instructions weren't attended to, were repeated, but not translated into action. Concrete demonstrations were necessary. The saddest, and to us the outstanding characteristic of this group of adults and children alike, was the self de-evaluation. In large classes with their extreme concreteness of thinking, they failed to grasp direction. Suspicion and anxiety concerning the adults and tensions made them unable to attend to the teacher's instructions. As failure followed failure, they grew very anxious and shunned any learning task.

I have taken the time to relate to you a portion of this study by Pavenstead because I believe it reflects some of the problems inherent in the types of people we will be working with whom we label the culturally deprived. There are no set answers to these problems, but hopefully we can take a good look at some of them during this workshop and come up with, at least in part, some basic answers to some of these pressing problems.

Before closing, I would like to propose a few additional questions. How do you develop self-confidence and self-esteem in individuals with backgrounds such as those previously mentioned? How do we avoid being unrealistic in our expectations for some of these clients? Must we alter our thinking in terms of when vocational rehabilitation is achieved?

In concluding, I would like to relate an incident related to me by one of my co-workers in the regional office. A few years ago when he was working as a counselor in Kansas City, a couple had been referred to him. The wife supposedly was the one who needed the most help. Without question, they were culturally disadvantaged individuals. It appeared that the lady had been referred for services, and in trying to get the basic case history on her, the counselor discovered that the lady had been living with the man for six years and had three children. In the course of the interview, he found out that they had never been married. As the interview progressed, and since Missouri doesn't recognize this type of arrangement, the counselor thought it would be well if they could get married and legalize everything that had happened. One day he got up enough courage to ask the lady "Why don't you up and marry him?" The lady looked up at him and replied, "Well, gee, I'm not sure if I like him well enough to marry him."

This story illustrates some of the feelings of these people which counselors will have to work with in the challenging area of rehabilitating the culturally disadvantaged.

TABLE OF CONTENTS

FOREWORD

Dr. George E. Ayers -- ii

PREFACE

George Kester -- iii

SECTION I: REHABILITATING THE CULTURALLY DISADVANTAGED

REHABILITATING THE CULTURALLY DISADVANTAGED: A CHALLENGE FOR STATE VOCATIONAL REHABILITATION AGENCIES
Dr. Milton E. Wilson, Jr. ------------------------------------ 1

DIAGNOSING THE CULTURALLY DISADVANTAGED FOR VOCATIONAL REHABILITATION SERVICES
Dr. Frank Wood -- 17

ASSESSING CRITICAL VOCATIONAL BEHAVIORS WITH THE CULTURALLY DISADVANTAGED
Robert A. Walker -- 24

PREPARING DIAGNOSTICIANS FOR WORKING WITH THE CULTURALLY DISADVANTAGED
Tom Benedict -- 37

SECTION II: APPROACHES TO REHABILITATING THE CULTURALLY DISADVANTAGED

REHABILITATING THE CULTURALLY DISADVANTAGED IN A RURAL SETTING - A PSYCHIATRIC APPROACH
Dr. Howard Reid --- 41

COMMUNICATING WITH THE CULTURALLY DISADVANTAGED
Larry Harris -- 45

APPLICABILITY OF PSYCHOLOGICAL TECHNIQUES IN WORKING WITH THE CULTURALLY DISADVANTAGED
Dr. Joe Hogan --- 50

APPROACHES IN REHABILITATING THE INDIAN
Charles Featherstone -- 55

SECTION III: REPRESENTATIVE REHABILITATION PROGRAMS FOR THE CULTURALLY DISADVANTAGED

THE PRUITT-IGOE (ST. LOUIS) PROJECT
Jerry Finley -- 58

THE MINNESOTA RAMPAC PROJECT
Earl Brunberg -- 66

REHABILITATION PROGRAMMING FOR INDIANS IN SOUTH DAKOTA
Charles Geboe -- 71

REHABILITATION PROGRAMMING IN RURAL AREAS
Richard Lee -- 74

SECTION IV: SUMMARY REPORTS OF WORKSHOP SESSIONS

GROUP A
Dr. Beaumont Hagebak -- 79

GROUP B
Dr. Carl Lofy -- 85

CONFERENCE PARTICIPANTS -- 92

SELECTED BIBLIOGRAPHY -- 94

SECTION I

REHABILITATING THE CULTURALLY DISADVANTAGED

REHABILITATING THE CULTURALLY DISADVANTAGED: A CHALLENGE FOR STATE VOCATIONAL REHABILITATION AGENCIES

Dr. Milton E. Wilson, Jr.

INTRODUCTION

This conference on rehabilitating the culturally disadvantaged is significant and timely. In the next few years our capacity to deliver the kind of services that we claim we are able to deliver is definitely going to be challenged. Moreover, as rehabilitation becomes increasingly a right more than a privilege, the people we rejected in the past will refuse to be rejected any longer. Our roles as agents of change will inevitably be questioned. Among the people who will question what we do will be the culturally disadvantaged.

In discussing the topic of "Rehabilitating the Culturally Disadvantaged: A Challenge for State Vocational Rehabilitation Agencies" I wish to: (1) comment upon what our commitment is in rehabilitation and illustrate how this relates to vocational rehabilitation; (2) examine the culturally disadvantaged through the eyes of some writers and my personal observations; (3) discuss some of the tasks we have before us as we seek to help these people to overcome the handicapping effects of deprivation or isolation; (4) comment briefly on assessment and counseling; and (5) conclude with the challenge for rehabilitation counselors.

OUR COMMITMENT TO REHABILITATION

In rehabilitation, we are concerned with human effectiveness. We are committed to helping people become increasingly effective in meeting the problems that confront them. We believe that people can be helped to function more effectively in the various spheres of living as a result of the services we provide.

When I think of humans who are effective, I think of individuals who, as a result of their growth and development, have acquired the kinds of knowledge, skills, attitudes, and commitments needed to function in this particular society. Wechsler (1) describes this socialized individual in his discussion about intelligence as "a person who is able to think rationally, act purposefully, and deal effectively with his environment." Havighurst (2) also refers to this kind of person when he tells us of individuals who are about to meet the developmental tasks at successive age levels. Because we are concerned with human effectiveness in rehabilitation, we are at war with poverty, disease, ignorance, deprivation, and feelings of hopelessness. We are in that great Army of persons engaged in the domestic battle to help people function at more optimal levels. Although this Army is large, sometimes we don't recognize it because we get overwhelmed with our agency activities.

Our role as rehabilitationists is much like being talent scouts. It is our job to find people who have latent talents and help them to become aware of the opportunities available to them and their potentials for more effective functioning. It is also our responsibility to help them realize more effective levels of functioning and develop their talents. In a sense, we are the restorers of hope. How often in the field have you worked with a person where the light of hope has replaced the shadow of hopelessness? We are the trust builders, working with people who have good reason to mistrust those who claim "I will help you." We are the investors in human potentials with the monies that we expend. We are human development specialists and generators of awareness and commitment.

The changes in behavior that lead toward human effectiveness are brought about through the services that we provide people. In fact, the psychology of change is our rallying point. We are certainly not simply concerned with changes resulting from the one-to-one relationship. We are concerned with any kind of change that occurs in human beings. We know that human behavior can be modified by food, drugs, endocrine inbalance, poisons, infections, surgery, internal emotional pressures, brain washing, trickery, and the belief in magic. We also know that behavior can be changed as a result of identification, imitation, and deep religious experiences. Because we are concerned with people who change, we will seek any techniques that will permit us to help people to move toward more effective levels of functioning. Although the procedures we use have been variously labeled, they essentially boil down to our finding people and helping them to become aware of their potentials, usually in the vocational sphere.

In working with people who are labeled the culturally disadvantaged, we need to reaffirm our commitment to say "Yes, we are at war, and we are concerned with change." We need a strong commitment to work with this handicapped group.

We have been serving disabled people for many years. Some authorities assert that we have been serving the disadvantaged since 1920. I agree, but we have not been serving them very effectively. Most of our clientele have had physical and mental disabilities which interacted with cultural factors. We helped them basically because they were motivated to overcome their problems and had diagnosable disabilities which could be described medically. But now we are faced with the people who may not have disabilities that are medically describable. We are dealing with persons whose main disability may be mistrust and/or feelings of hopelessness.

WHO ARE THE CULTURALLY DISADVANTAGED?

It is difficult to define clearly the culturally disadvantaged. However, they are different from many of our physically and mentally handicapped clientele. People are culturally different and can be placed along a difference continuum. They may be culturally advantaged or desirably different. People, however, can be undesirably different, too, or different in such a way that they experience a tremendous amount of frustration in trying to satisfy their personal, social, and vocational needs. The term culturally disadvantaged seems appropriate for use as we think about this population, whereas the term cultural deprivation might be reserved to account for much of the disadvantage that we observe in individuals. In looking at the concept of culture, we are concerned with: (1) a body of beliefs, values, and status conferred upon individuals and reinforced by persons in their environment; (2) the opportunities provided for acquiring the kinds of knowledge and psychomotor skills in using one's own body; and (3) attitudes toward himself, his country, and work.

We are concerned with the kinds of experiences that are available for the culturally disadvantaged. To a large extent, they are experientially deprived or have been provided a large number of negatively reinforcing experiences. So when talking about cultures, perhaps we are concerned with norms which seem to operate and be desirable in our society. In other words, we are concerned with dominant American success goals which people are expected to achieve. But, we realize that the paths of achievement are regulated by institutionalized rules. To realize that differential capacity to achieve culturally demanded goals varies and is related to a number of other factors, such as income, education, and so forth.

Who are the culturally disadvantaged? In an article entitled "Motivation and the Disadvantaged" by Goldin and Margolin(3), the disadvantaged are defined as those persons who, for social, emotional, physical, economic, and educational reasons, cannot satisfactorily adjust to the stresses and demands of life. Or perhaps they are the people whom May (4) talks about in his book, The Wasted Americans. They are society's castaways who live on Slum Island right in the midst of our great salubrious consumer's Utopia. They are the obsolete young doomed never to fit in the world of work; the un-needed, under-skilled round pegs who can't be inserted into the oblongs of today's punch card holes; the elders whose Social Security is insecure poverty outside the social vortex; and the new core of undercultivated, resigned hopeless classes with none of the prerequisites for plunging into the work force.

Havighurst (2) refers to the culturally disadvantaged as an alienated group. He calls them alienated because they have not accepted the ways of living and achieving that are standard in our society. As younger children, they probably accepted the standard ideas of right and wrong, complied with school regulations, and tried to succeed, but treatment at home has turned them into either members of delinquent sub-groups or into defeated, apathetic, inadequate individuals.

The culturally disadvantaged perhaps are the people described in the Cleveland "Plain Dealer." These are men who, in a sense, are proud and reject the services we have to offer. They won't even apply for the services from the Salvation Army, city and county welfare institutions, or churches. They want liberty, even if it means crouching in a downtown alley to get out of the wind or setting small fires to keep warm in empty buildings soon to be torn down.

The culturally disadvantaged may be those individuals referred by Probate Judges who come from homes where the father, if there is one in the home, is working on one shift and the mother is on another. So you have the street shift. On the other hand, the cookbook, card table, cocktail bar, and golf bag make up the foundation for the suburban disadvantaged who have not learned the kinds of behaviors needed to function effectively in the larger American society. Levine (6) supports this when she states that:

> It is important that we have a common understanding regarding those who are included within the disadvantaged. As contemplated in recent MDTA or anti-poverty programs, the disadvantaged include more than the young alone, the old worker, or the Negro. The group includes all those who by reason of personal characteristics, backgrounds, educational deficiencies, lack of skills, cultural deprivation, or economic denial are disadvantaged in their participation in the job market. In this sense, the disadvantaged are not synonymous with the poor, minority groups, or the unemployed, even though the same individuals may fall in all of these categories.

The culturally disadvantaged perhaps are those individuals who suffer from poor diets. They are the ones who go for days without milk because the mother lacks funds to buy it. These are some of the more severe cases that Sealy (5), President of our Ohio Citizen's Council, refers to who have been bulldozed from their homes as a result of urban renewal and relocated in the slums. For example, in Cleveland we bulldoze the buildings and people away and make them invisible. Today our freeways and thoroughways and cloverleafs whisk us past the ugliness of some parts of the world in which we live.

We must be careful in using the term disadvantaged when we seek to identify individuals who require specialized services. We must not label them so that they feel they need to live up to the term. For example, in a paper delivered at APGA last year, a sociologist (7) denounced the practice of labeling the culturally disadvantaged. He stated the following story to demonstrate the effects of labeling upon the individual.

> I was engaged in systematic visitations observing and assessing the painful operations of reshifting, replacement, and displacement upon these people. On this particular occasion, I happened to be located in an inconspicuous seat in one of the new, plush, middle-class receiving schools. Children were being delivered by a brand new school bus to their brand new school. I observed as the bus emptied its innocent human cargo that a little seven or eight year old Negro boy in the second grade was biding his time, preparing to leave the group and to escape the whole mess. When I approached him, he became frightened for being caught in the act. I said, "Hello, what's your name, young man?" The little boy looked very neat, cute, well scrubbed, and pressed. His hair was so closely cut that it looked as if his head was shaven. "Reginald," he

> answered. "Reginald, why aren't you going in with the rest of the children?" "Mister, I culturally deprived." "What do you mean, you are culturally deprived?" "I bussed in." (Meaning he came in on the bus). "Reginald, tell me about this culturally deprived stuff. Who says you are culturally deprived?" "My mama, my teacher, my principal, everybody." "Reginald, if you are so culturally deprived, what do you do in school?" "I don't have to do nothing. My teacher don't want me to do nothing. She put us all over on one side of the room and just let us do anything we want. She's very nice. She gives us milk, a sandwich, and orange juice." "Don't you like going to school here, Reginald?" "No, Sir." "Aren't you happy here?" "Sometimes I am and sometimes I am not."

This little anecdotal record suggests that this child is not being helped to overcome his so-called cultural deprivation, but is actually handicapped instead.

The term culturally disadvantaged has become the new label and substitute for the low IQ and unteachables. In his paper "Focus on Youth and Poverty," Hill (7) says that "it may very well be that the use of the term culturally disadvantaged may be a disservice."

The individuals who, on their own initiative, come to our rehabilitation offices to seek placement assistance, employment counseling, or other vocational services are not truly the disadvantaged. To reach those who are really disadvantaged, you have to go out to them and interact with them personally. The people we serve generally are characterized by some degree of motivation and aspiration to work in harmony with the social institutions and society in which they live.

Who are the culturally disadvantaged? Who are these people who challenge our talent scouting and commitment to attain victory over disablement? Are they the people who are described by one Negro youth in the following poem (8)?

> I am so black, dear God. Is this a curse? Should I hang my head? Am I supposed to be ashamed? I walk the street and fingers point my way and ridicule covers my path and laughter surrounds me. Am I funny, Father? I remember when I thought my black skin was beautiful, when I thought my kinky hair was a crown upon my head. Was I wrong? I'm afraid to hold my head up, afraid to have children for fear that I will have to teach them to hang their heads, dress in rags, and to say, "Yes, Sir," to laugh with the laughter, and to ask their God, "Why am I black?"

Are they the Indians who lack knowledge of the English language and have a different cultural orientation? Are they the people who are involved in problem drinking, lack urban experience, lack formal education, have handicaps which limit mobility, possess low intelligence, and have disabling personality disorders? Are the culturally disadvantaged people who live in a ghetto area, being enclosed, enslaved, and trapped? The Hough area of

Cleveland is an example. The area is adjacent to a cultural portion of town that borders Cleveland's great cultural concentration which consists of a nationally known art museum, a great orchestra, a park, a library, a health museum, an automobile museum, and two university campuses. You remember the allegory of Plato's cave. There were people living in a world of shadows. One day one of the individuals became courageous and climbed out of the cave into the sunlight. When he became accustomed to the change in light, he saw there were people walking and that there was a more desirable world. When he went down into the world of shadows and tried to tell the people that there was something better out there, they didn't listen to him. They preferred to live in the world of shadows and see what was happening on the screen. Many of the culturally disadvantaged are like this. They feel they are doomed to a world of shadows.

The disadvantaged are the high school dropouts who lack specialized training and knowledge in seeking employment. They come from large, destitute families where they receive virtually no encouragement. Some even belong to the second generation of welfare recipients. They say, "No one cares or understands." Although some are eager to learn, they are afraid of failure.

Cohen (9), in his book Vocational Rehabilitation of the Socially Disabled, stated:

> In either situation there is a population which can be assisted to discover, evaluate and develop its own unused capacities in order to overcome vocational limitations. People from socially disadvantaged backgrounds demonstrate many of the same disabilities and vocational handicaps as the disabled usually served by rehabilitation programs: intellectual and emotional retardation, lack of emotional readiness to accept and use training, lack of motivation, and resistance to organized services. All these are defining a gap of misunderstanding and distrust between the client and those who would serve him: limited opportunities in the community for self-development, educational problems, social isolation, complicating physical, intellectual, and perceptual problems, limited frustration tolerance, difficulties in postponing satisfaction, and limited experience in vocational planning.

The culturally disadvantaged are like the little boy who responded with the following statement when I asked him his age. He said, "Well, Sir, counting in years I am only ten, but counting by the troubles I have had, I am more than one hundred." The people who are young and old before their time are the culturally disadvantaged. A related anecdote was told at a RSA conference on the public offender. It is relative to the problem of mistrust. There was the situation where the father placed his little boy on the chair and said, "Jump, son." The boy jumped, and the father caught him. Then the father said, "Get up here on the table and jump, son," and he caught him. Then the father said, "Get up here on this refrigerator and jump, son." When the boy jumped, the father stepped out of the way. The boy fell and hurt himself. "See, son, don't trust anybody, not even your own daddy." The disadvantaged, like this little boy, have been burned in situation after situation. They have not even mastered what has been called the first developmental task--trust versus mistrust. Furthermore, trust is the very foundation of existence and human development.

In my presentation I am going to be using the term culturally disadvantaged throughout to describe people who have undesirable differences as a result of cultural deprivation, the undesirability being manifested by the difficulty they experience in assuming the kinds of roles expected of individuals in our society.

We know who the culturally disadvantaged are, but in working for a public agency, we have to put it in writing. If we do not, the district supervisors will say, "I have enough problems working with the mentally and the physically handicapped. I don't know who these culturally handicapped are. If you want me to work with them, give me some guidelines."

APPROACHING THE PROBLEM

In approaching the problem, I would like to have you give serious consideration to the model presented by Peterson (10). We are concerned with the modification of behavior through experience. The question we have to raise is, "What kinds of experiences can we provide people that will help them gain insight into the possibilities of more effective functioning?" This is where creativity in rehabilitation comes into play. What kinds of experiences generate the awareness, commitment, and involvement needed to overcome and move these people away from a disadvantaged to an advantaged position?

In rehabilitation we provide two kinds of services. The first kind has been called diagnostic (awareness) services. These are the services where we collect the data to determine eligibility and feasibility. These data, however, should be collected in such a way that clients become aware of the opportunities available to them and their potentials for growth.

Using Tests for Assessment and Counseling

One might ask the question, "To what extent do tests assess experiences and generate a greater awareness and a movement toward becoming responsible persons?" Somewhere along the line we have to seriously consider work evaluation in terms of what kinds of insights are generated in people. We have to look at psychological testing for such determination. As you consider testing, ask yourself if a test can be devised that favorably portrays the potential of the culturally disadvantaged.

We may start with the observation that the culturally disadvantaged person manifests his deprivation in all aspects of his social behavior, even shopping, taking a bus, holding a job, answering questions, and so on. Tests are samples of behavior on the assumption that what occurs in one situation is representative of how the person functions in another situation. It is a controlled observation to permit inferences about how he functions in other situations. In my own research as a rehabilitation psychologist, I have found it difficult to validate many inferences based on tests. In going from a controlled observation to where I had to meet the client with the physicians and the O.T.'s and the P.T.'s in conferences, I began to see that there are more things to describing behavior, and I had to check my assumptions.

There are a lot of assumptions underlying the use of tests. They are particularly valuable in providing us information as to the status of the individual. If they, however, lead us to make the wrong predictions about people, then they should not be used for making certain critical predictions. One must be concerned with the extent to which assumptions are satisfied which underlie the test. For example, Negro college students score significantly lower than whites on College Board Examinations. Yet they are over achievers in college. Does this mean that tests are under predictive?

Tests do not measure all the relevant behaviors. There are people who don't know how to read and write, and yet they can run machines and have been working forty years. Think of the illiterates or immigrants who came over here and functioned effectively as well as the people who are going to Canada, Mexico, and Brazil and functioning effectively. You don't need racial discrimination anymore, all you need to do is give them tests.

When you consider testing, use it to collect any kind of data that will help you to understand the person. However, keep in mind the limitations of the test.

Understanding and Counseling the Culturally Disadvantaged

In working with people who are labeled culturally disadvantaged, you are going to find two major problems that we have ignored to a large extent--bad teeth because of poor nourishment and bad eyes. In our total assessment process we might be concerned with good screening in this area, because these are factors which affect the functioning of a person as he commits his energy to the realization of certain tasks.

The second problem we need to be concerned with is their mobility--their utilization of transportation. One of my field supervisors reprimanded a girl who gave an individual long instructions on how to reach a certain agency. She gave it to a person who had not been accustomed to going places, and he said, "Uh, huh, I'll go." You know when people shake their heads we don't know if they comprehend or understand whatever is being communicated.

We assume too much. We cannot make too many assumptions with the disadvantaged. The assumptions made relative to this group must be generated by extensive experience with them. In counseling with clients, we are supposed to interact with them with empathic understanding. We should help them to view their situation from their own vantage point. We are to communicate to them verbally and non-verbally "Look, I know you can make it somehow. It may be rough, and you may fail on this try. I believe you have it within you so you can make it."

Jaques (11) in her book on Critical Counseling Behavior in Rehabilitation discussed how establishing rapport and the creation of a climate are the most difficult factors in a counseling relationship. How are you going to do this if you don't know or understand the culturally disadvantaged? As a teacher who had gone in the neighborhood and lived with the people and had become accustomed to their way of thinking said:

> When a boy falls asleep at his desk, I recall a visit I made to an apartment without glass in the windows and where at night nine children curled around the only radiator with steam. When the boy awakes, I merely inform him of what he has missed and will have to make up on his own time, building a little responsibility. If the noise level begins to rise in the classroom during a class activity, I no longer become alarmed, but realize that noise is synonymous with city ghetto life and is more frequently an indication that learning is taking place than when there is too much silence. However, when I catch a student's blank stare, I know that the same ghetto clamor has now created a different result. The student is practicing a technique of escape he has perfected after living in a four-room apartment with ten people who shout, argue, or cry most of the time. I attempt to change the class activity to one of a different tempo to draw the boy back to the reality of the classroom. If a student bursts forth with jive language or swears blatantly at another, it's the same language I have heard in his home and is the usual means of communication on the street. My reaction is not shock or disgust, but a renewed effort to encourage the learning.

Here is a person who is gaining some insight into the difficult task of educating the culturally disadvantaged. She is neither condemning nor condoning, but understanding.

We cannot turn to research or textbooks to get a feeling for understanding and helping these people. Patterson (12) in a paper delivered at the National Catholic Guidance Conference entitled "The Person in Contemporary Psychology" supported this when he pointed out that:

> Research has contributed little to our understanding of man. It is no secret that when it comes to stating what we do know about personality there is precious little in that of a trivial nature that can be claimed without challenge. Definitive findings are sparse, of doubtful reliability and validity, and lacking in generalizability from the restrictive conditions under which they were obtained. Yet, we have achieved some understanding of personality. This understanding has come, however, not from research, but from psychologists and others, including writers of literature, who have learned about people through involvement with them in relationships such as psychotherapy or work in VISTA. If we are going to serve the people, we are going to have to become involved with them.

THE CHALLENGE

The mission of state vocational rehabilitation agencies is to facilitate human effectiveness, particularly in the vocational sphere. To increase the effectiveness of culturally disadvantaged persons presents some special challenges. How can state vocational rehabilitation agencies:

1. help disadvantaged persons overcome the handicapping effects of deficient language skills, poor conceptions of time, fear of change, low levels of occupational aspiration, strongly dependent styles of living, and attitudes of distrust toward persons and institutions?
2. mobilize their resources to assist persons who are born in poverty and have grown accustomed to streets littered with broken glass and broken people, to areas of rubble, drug addiction, prostitution, and numbers collection?
3. help persons who have been deprived of sustained maternal and paternal care and experienced minimal praise and encouragement during their formative years?
4. help persons deprived of the developmental activities necessary for the acquisition of positive attitudes and marketable vocational skills?
5. bring the hope and promise of rehabilitation to persons who have experienced years of sleeplessness, poor clothing, continuing illness, and bitter socio-economic realities which have generated feelings of failure and bitterness?
6. help persons who have not acquired good reading and mathematical skills or experienced the joy of applying learnings to the solution of problems?
7. help persons who are restless, easily distracted, continually unhappy, angry, and who have severe doubts about their prospects for gaining the satisfaction achieved by others?
8. help clients who are in constant conflict with themselves and their environments and have experienced too often the extremes of hate, love, and fear?
9. help clients who believe no more in the good will of others and who arouse both pity and anger from those who seek to provide help?

How can state vocational rehabilitation counselors:

1. learn to accept angry, bitter, hostile expressions of internal conflicts and still communicate with firmness that victory over disadvantage requires hard work and not marginal thinking?
2. avoid the tendency to over-identify with culturally disadvantaged clients and the belief that the counselor must right all wrongs and reconstruct the existence of the clients?

3. vigorously commit themselves to the proposition that abilities among the disadvantaged are susceptible to broad modification and that IQ assessments are not constant but tend to increase with exposure and problem-solving activity?

Can state vocational rehabilitation agencies meet these challenges in providing rehabilitation services to the culturally disadvantaged? To meet these challenges, it is imperative that state vocational rehabilitation agencies consider the reorganization of patterns of services to find and involve the culturally disadvantaged in the vocational rehabilitation process; the formulation and dissemination of clear objectives; an openness to alternative and innovative approaches; a viable, continuing program of evaluation; and a more aggressive approach in case finding, promoting job readiness, screening applicants, reducing time gaps in the provision of services, and the development of short and long-range goals through action counseling.

Aggressive Case Finding

To meet these challenges of rehabilitating the culturally disadvantaged, rehabilitation personnel must go into the communities of the disadvantaged and interact honestly with the residents by offering realistic hope and services. Rehabilitation offices must be established in the communities of the disadvantaged. Home visits must be made. Evaluation, coordination, and referral services must be initiated and offered in an expeditious manner.

Persons from disadvantaged communities should be recruited for liaison work. They often feel that an agency that hires their own will be more understanding of their problems. Agency representatives drawn from the community can facilitate case finding for disadvantaged people. Community liaison personnel may also be used to escort residents through the rehabilitation process. They may be used as interpreters of the particular patterns and pressures associated with the growth and development of persons in the particular community. Moreover, they may be effective in reducing the linguistic and value distances which hinder professional personnel from assisting the disadvantaged.

Aggressive case finding can be instrumental in identifying and bringing disadvantaged persons with high potential into the vocational rehabilitation process. The probabilities for successful rehabilitation outcomes are maximized for this group. Talented rather than hard-core persons, at least initially, maximize the prospects for developing meaningful models for persons seeking evidence of the effectiveness of rehabilitation. Such evidence may be instrumental in raising the motivation and aspiration of others.

Aggressive case finding will require involvement of community appraisers of talent and potential. These are persons whose excellence in judgment has permitted them to survive in disadvantaged communities. Their familiarities of persons in the community can facilitate the identification of upward mobile persons who are coping to overcome obstacles but need assistance to be really effective. Grocery and pharmacy proprietors, service station operators, barbers, and beauticians are among the community appraisers of talent who could serve as referral agents. In brief, vocational rehabilitation services must be sold through action rather than words to the disadvantaged and to community referral resources.

Realistic Promotión of Readiness

Readiness can be developed. State vocational rehabilitation personnel must move boldly to develop client readiness to achieve personally and socially meaningful goals. Readiness cannot be simply waited upon to occur. It must be generated by the modification of the environment, communication of hopefulness, the resolution of pressing problems, and by helping applicants to see the power of rehabilitation in promoting human betterments. Arranging transportation and obtaining assistance for legal problems are examples of actions that promote the readiness of some persons for vocational rehabilitation services.

Vocational rehabilitation personnel must interact with culturally disadvantaged persons as teachers, trainers, models, guides, alter-egos, catalysts, and challengers. Interaction, not passive waiting in offices, is the force that generates readiness. It develops feelings of hopefulness and energizes action.

Verbal use of middle-class incentives to motivate the disadvantaged will not work for many clients. Encouragement to work because it is good and will help secure credit, buy a home, become a taxpayers, and attain dignity will not move some clients. Rehabilitation programs are needed which provide clients with living models or examples of hard-working and productive persons who have overcome the handicapping effects of cultural deprivation.

Need for a Screening-In Orientation

State vocational rehabilitation agencies have been conducting programs which tend to screen-out rather than screen-in questionably motivated persons. The findings by Dishart (13) emphasize this point. To meet the challenge of rehabilitating the culturally disadvantaged, applicants must be qualified for services rather than disqualified. In other words, the applicants with poor educational skills, low levels of occupational aspiration, poor work histories, and transportation problems must be screened-in rather than out. Instead of rejecting persons because vocational opportunities seem limited, bold steps to create opportunities must be developed. The tendency to consider the potentials of the culturally disadvantaged as being too low because of the poor environment in which they have lived must be modified. Only screened-in applicants can be helped.

Reduction of Time Gaps

The time lags which have characterized movement through the vocational rehabilitation process must be reduced. The waiting period between referral and initial contact, initial contact and evaluation, evaluation and certification of eligibility, certification of eligibility and development of plans, development of plans and execution of plans, and the end of training and job placement must be reduced. This does not mean that state vocational rehabilitation agencies should jump on the "instant service" bandwagon which fails to produce effective changes in behavior, or that the gaps between disadvantage and advantage will be bridged in a brief period of time. It does mean that unreasonable gaps in the timely delivery of human development services must be reduced, and delivery of services must be accelerated without any loss of quality. Deliberate reduction of time gaps is essential if state vocational rehabilitation agency programs are to find and assist persons who live basically in the "here and now" and who have experienced considerable difficulty in adjusting to long periods of delay. Unless time gaps are reduced, applicants will be lost before services are delivered. Time gaps build mistrust rather than trust. Meaningful continuity of services to clients must be achieved.

Action Counseling Needed

To meet the challenge of rehabilitating the culturally disadvantaged, action-oriented counseling programs are needed. Culturally disadvantaged clients tend not to benefit greatly from highly verbal counseling interactions. Deeply rooted fears and doubts are resistant to talking out. Aggressive involvement on the part of counselors to generate client awareness of potential outcomes and commitment to move toward the realization of these outcomes is needed. Aggressive involvement requires a kind of "total push" designed to maximize the prospects of overcoming the handicapping effects of cultural deprivation.

Action counseling calls for the active involvement of clients in the determination of behavioral goals, selection of behavior modification experiences, and the evaluation of outcomes. Behavioral goal setting should be emphasized. The goals should be the goals of the client and viewed by him as meeting specific needs. Focus should be on long-range goals of responsible self-development. Goal setting must lead to immersion in goal-oriented activity. Such immersion, however, must be accompanied by a relationship of concern. A contagion of concern facilitates the conversion of doubts into energizers for human betterment and nurture a meaningful, continuing relationship which reinforces hopefulness.

The immersion in goal-oriented activity along with a contagion of concern should: (1) generate an "upward spiral" of development, especially if the counselor co-labors with the client; (2) keep him informed of developments in the process; (3) encourage participation in the solution of every problem; (4) reinforce adaptive behavior; (5) give ready attention to factors and conditions within the rehabilitation process and within the client that may decelerate the movement; and (6) handle client aggression, complaints, and doubts promptly and fairly.

The "upward spiral" is highly dependent upon the provision of tutorial, problem-solving, reinforcing relationships which enable clients to say, "I feel my counselor is with me. It may be rough, but I can make it with his support." The "upward spiral" demands emphasis on behavioral goals and an understanding of procedures for working through handicapping rationalizations.

The action orientation also requires a broadened conception of the client. It requires, in some instances, that the family unit and other significant role relationships become the focus of rehabilitative efforts. It requires assisting families to overcome their problems in order to facilitate the growth of the individual client. Indeed, working with the family as a unit or with selected family members may be the only effective way of assisting the client to resolve his problems. In addition, the action orientation calls for the utilization of models that can be imitated and identified with and the use of role playing and self-discussion groups to develop behavioral understandings and sets. Emphasis is on the provision of meaningful experiences which will strengthen adaptive or coping behavior. Moreover, the action orientation requires risk taking and innovative arrangements of services within a concerned, continuing relationship unquestionably oriented toward the realization of more optimal levels of human functioning.

CONCLUSION

State vocational rehabilitation agencies are responsible for the administration and supervision of rehabilitation programs which provide services to all clients. Guided by the beliefs that work is an essential ingredient of effective social functioning, that all handicapped persons have the right to work, and that the productive power of rehabilitated persons reduces dependence and economic drain, state vocational rehabilitation agencies must provide services to enable handicapped persons to become suitably employed. If they are to meet their commitment, deliberate effort should be made now to provide the galaxy of rehabilitation services to the culturally disadvantaged. The challenge to leadership in this effort is consistent with the responsibilities of state agencies. Such leadership requires courage, judgment, integrity, and dedication of all state agency personnel.

The development of formal guidelines and the pronouncement of policy calling for the helping of the culturally disadvantaged is not sufficient, nor will it be sufficient to commit the agency to working with the disadvantaged in the same way it has worked with the physically and mentally handicapped. Administrators must be vigilant in seeing that their policy statements become operational at the field level.

If state vocational rehabilitation agencies are to work effectively with the culturally disadvantaged, this population must have preferential treatment which must be communicated to all levels of the agency's operations. The time delays associated with the determination of eligibility, the provision of services, the reluctance to visit homes, and the reluctance to get involved in resolving other problems which hinder the person from entering the rehabilitation process must all be reduced. State vocational rehabilitation agencies must be oriented toward action here and now for small gains if larger gains are to be obtained and maintained in the future. The family and the significant relationships of the client must be a focus of the counselor as he seeks to bring the hope and promise of rehabilitation to the disadvantaged.

State vocational rehabilitation agencies must coordinate their efforts with other programs. This means that they must keep informed about the wide range of programs and procedures being used to help the disadvantaged. A network of information sources should be developed and maintained; and, as programs change, agencies must be willing to revise procedures which take the changes into account. Communication, coordination, and cooperation with other programs are essential.

As programs for rehabilitating the culturally disadvantaged grow and develop, considerable emphasis must be on evaluation of outcomes. State vocational rehabilitation agencies must evaluate whether staff is adequate, services are coordinated appropriately, and their overall effectiveness is sufficient. Some assessment procedures are:

1. Audit by comparison with other programs, especially successful ones.
2. Audit in terms of some source of authority. Consultant norms and various evaluative guides may be useful here.
3. Audit in terms of qualitative changes, Here a growth orientation is needed and the changes are in terms of families being helped and a more effective utilization of time.
4. Audit by objectives. Were the objectives sound? How well were they realized?

If state vocational rehabilitation agencies are successful, it will be because pragmatic men, bound neither by the heavy hand of tradition nor by dogmatic philosophy, have caught a sense of the American goal and have ushered in changes which bring the disadvantaged into the mainstream of American life, into the land of "life, liberty, and pursuit of happiness."

REFERENCES

1. Wechsler, D. The Measurement and Appraisal of Adult Intelligence. Baltimore, Md.: Williams and Wilkins Co., 1958.
2. Havighurst, R. J. Human Development and Education. New York: Longmans, Green and Co., 1953.
3. Goldin, G. J. and Margolin, R. J. Motivation and the Disadvantaged. Paper Presented at the American Personnel and Guidance Association Annual Conference, Washington, D. C., 1966.
4. May, E. The Wasted Americans. New York: Harper & Row, 1967.
5. Sealy, H. T. The invisible americans. Ohio Citizen. 1963, 14, 5-12.
6. Levine, L. The New Role of the Employment Service in Serving the Disadvantaged. Paper Presented at the American Personnel and Guidance Association Annual Conference, Washington, D. C., 1966.
7. Hill, M. C. Focus on Youth in Poverty. Paper Presented at the American Personnel and Guidance Association Annual Conference, Washington, D. C., 1966.

8. Woodruff, J. W. *Minority Youth's Perception of the World of Work*. Paper Presented at the American Personnel and Guidance Association Annual Conference, Washington, D. C., 1966.

9. Cohen, J. S., Gregory, R. J. and Pelosi, J. W. *Vocational Rehabilitation of the Socially Disabled*. Syracuse, New York: Syracuse University, 1966.

10. Peterson, R. A. Rehabilitation of the Culturally Different: A Model of the Individual in Cultural Change. *Personnel Guid J.*, 1967, 45:10, 1001-1007.

11. Jaques, M. *Critical Counseling Behavior in Rehabilitation Settings*. Washington, D. C.: Office of Vocational Rehabilitation, 1959.

12. Patterson, C. H. *The Person in Contemporary Psychology*. Paper Presented at the National Catholic Guidance Conference, 1967.

13. Dishart, M. *Patterns of Rehabilitation Services Provided by the 90 State Vocational Rehabilitation Agencies of the United States*. Washington, D. C.: National Rehabilitation Association, 1964.

DIAGNOSING THE CULTURALLY DISADVANTAGED FOR VOCATIONAL REHABILITATION SERVICES

Dr. Frank Wood

It is a great pleasure to be here this afternoon. I could spend most of the time allotted to me trying to underline some of the provocative remarks made by Dr. Wilson. He stressed some points that are tremendously important. I hope that they will be retained by you and further discussed in the workshop sessions.

LABELING THE CULTURALLY DISADVANTAGED

I would like to briefly comment on the use of labels such as "culturally disadvantaged." I coordinate and teach courses in the culturally disadvantaged program at the University of Minnesota; and the more that I work in this general area and have contact with "disadvantaged" people, the more reluctant I become to apply the term to individuals. We need such general labels and can apply them sometimes to groups. When we begin to think about diagnosis and start to work with an individual person or a small group, however, labels like "culturally disadvantaged" should be dropped and cease to be important for us.

DIAGNOSING THE CULTURALLY DISADVANTAGED

Diagnosis can mean, of course, many things. As pointed out in connection with some of the testing that has been done for entrance to apprenticeship programs, it sometimes has led to discrimination against the people whose aptitude for training was supposedly being diagnosed. I remember one case where it was shown that men who had taken classes planned to prepare them for such tests scored better than any other candidates. Yet, the people supervising the testing program wanted to push these results aside and to use some other selection criterion because they didn't want the culturally disadvantaged. They didn't trust the tests at this point, although during the year when the disadvantaged group failed them they were quite satisfactory. Test results, in this sense, cannot overcome discrimination, but they can open the door to self-sufficiency and job satisfaction if used appropriately.

The dilemma we face is not really one of whether or not to diagnose, but it is the way we use diagnosis as it relates to a rehabilitation program. Hence, this afternoon I wish to discuss the place and significance of diagnosis in rehabilitation programs.

I am thinking of diagnosis in the broad sense, i.e., gathering any kind of information about the client that can be used in his interest to help him become more effective. Dr. Wilson mentioned the need to have the client become more effective in dealing with people and their environment. This is a crucial concept for us.

USE OF STANDARDIZED TESTS IN DIAGNOSING THE DISADVANTAGED

Diagnosis is a thoughtful, intelligently applied and continuous process. Sometimes I think that the unimaginative provision of a battery of standardized tests to everyone who enters the rehabilitation program should not be considered a diagnosis. I visited an institution last month in which they explained to me their diagnostic program. They had a clerk in a room; and as people entered this institution in groups of five or ten, they spent three or four days taking tests. This is not really an adequate diagnostic program. It is a very unimaginative, unintelligent use of a battery of tests with people.

Of course, we should not do away with tests, particularly paper and pencil tests. They have an important place in diagnosis. However, they have limitations, particularly when we are using them with people who fall into this broad group labeled as the culturally disadvantaged. In diagnosing the culturally disadvantaged, we have to go beyond paper and pencil tests. We need to include data obtained from vocational evaluation, work adjustment training, and personal interviews.

One factor commented upon before that deserves emphasizing is that very often we think in terms of diagnosing clients through the use of tests and/or interviews on our own ground. The client comes to see us in our office, a new or different situation in which he may be very uncomfortable. It has been repeatedly pointed out that you can obtain a different picture of the client, his attitudes, his feelings about himself and the rehabilitation program if you meet him on his own ground, which may be in his home, the community, or on the job.

Test data alone, of course, gives a very misleading picture of the disadvantaged client. Research indicates that the testing situation is one in which this type of client is often disadvantaged. There is little need to discuss this in detail since it has already been touched on. Nevertheless, there is abundant evidence that disadvantaged clients tend to respond emotionally to the testing situation in ways that distort their response. They often are not tuned in on the same wave length as the examiner or as the person who constructed the test. They don't know what is expected of them. They are made uneasy and put on the defensive, and their responses are distorted by these emotional factors. Because of past bad experiences with industry, schools, and testing situations, clients entering a vocational rehabilitation program may feel in advance that tests are unfair to them. They have had experiences which have suggested to them that they are discriminated against by tests, and this is going to directly affect their performance in a test situation. The presentation of a battery of tests in this context tends to exaggerate the effects of these kinds of feelings about testing.

I recall some criticism of the studies done at the University of Iowa on the follow-up of foster children. They found that foster children's IQ's tended to be closer to those of their foster parents than to those of their true parents, or in this case, their mothers. One of the serious criticisms that has been leveled at this research is that the mothers were tested in a maternity hospital within one or two days after they had given birth to an illegitimate child; and this is not the best place or the best conditions in which to take a test. It's not surprising that these mothers tended to score rather low on these tests. I imagine that they didn't respond very positively to the arrival of the examiner.

One of the difficult problems of the test examiner is to feel confident that one has mastered the dialect or subdialect of a broad range of clients. Yet, when we are using standardized tests, we tend to assume that the client is going to be able to understand everything that the examiner has said. There is abundant evidence that this is not necessarily true. For example, a school psychologist who had conducted a study of the answers of children from a low-income area of Minneapolis to the vocabulary test items on the Wechsler Intelligence Scale for Children related to me that one of the words that all of the children from the low-income area missed was the word "connection." They defined this as "knowing somebody who can do something for you." This response was incorrect; it didn't fit the definitions that were in the test manual. They were using the word in a way that had a valid meaning for them that the test sample population was unaware of.

We cannot get away from this particular problem in standardized tests. The efforts to develop tests that are "culture-free" have ended in frustration. We have learned a great deal of the limitations of our tests from such efforts, but it is very difficult to get away from this language and experience bias problem. However, this does not excuse us when using these tests from ignoring the fact that the language of the test penalizes the disadvantaged client, if we adhere strictly to the test's norms. If he gets it wrong because we fail to understand him, then it seems to me that there is a communication failure on our end.

SELECTING TESTS FOR USE WITH THE CULTURALLY DISADVANTAGED

In choosing tests to use with disadvantaged clients, examiners often choose inappropriate tests. They choose tests where the scores have very little meaning for clients in the rehabilitation program. In many cases, there is a tendency to over-test. Why do you need four days of testing on a group of individuals who are entering an institution? I can't imagine that all that time (four, five, six hours a day) spent taking tests is justifiable.

In all situations we have to ask ourselves whether a particular test that we choose is going to provide us with useful information. Are we going to get anything from this test that is of value to us in working with the client? It becomes almost routine in many situations to give the client an individual or group intelligence test which requires one to two hours to administer and another hour to score. I am not sure that the information from these tests is always well used. Let's ask ourselves the basic question: Are we going to get information that will be useful in helping the client become a more effective person?

A great deal has been written about the interaction between the culturally disadvantaged and test performance. Some of what has been written is very good, and some is nonsense. I think that we should all be very well convinced that, if we obtain in a diagnostic report nothing but a set of scores on an individual, we haven't received our money's worth. The client's time and the time of a highly paid examiner have been wasted.

DIAGNOSIS

I wish to discuss the broad concept of diagnosis--the whole process of gathering information about the client that can be used in his interest in more detail. What do we want out of a diagnosis? There is an old proverb that says you can't make a silk purse from a sow's ear. I would like to argue that every sow's ear, properly diagnosed, can be viewed as a potential silk purse. This proverb is particularly appropriate in talking about the disadvantaged, because there is a definite offensive connotation to the label "sow's ear" when we metaphorically apply it to a man or a woman. We should think about the negative feelings when we label disadvantaged clients as "poorly motivated," "of poor aptitude," "having unrealistic goals," etc. Terms like this often appear in diagnostic reports of people from low-income background and are used in their presence when describing them to someone else. We need to remind ourselves that just because the labels come from the common jargon doesn't mean that they aren't very offensive and psychologically damaging to the people to whom they are applied.

A basic criticism that can be leveled at diagnosis is that it describes, rather than leads, to a prescription. Description is necessary, and we have to look at it realistically. A diagnosis that stops merely with a negative description only reflects the status quo. To be useful in rehabilitation, a diagnosis has to give some indication of where we begin in the process of turning the human potential of our client into something useful to him and turning him into a self-fulfilling member of society.

One of the basic problems that we have had in diagnosis in vocational rehabilitation, special education, regular education, counseling, and other fields is that too many of our diagnostic procedures have not really been planned to do anything more than classify the people. I formerly worked in a hospital in which a great many teenagers and older children were brought in for study. I found it extremely difficult for me to work in a situation where a large group of highly paid people seemed to feel that their job was done when they had classified the person. It didn't help when some people began to say we should not classify someone as "schizophrenic," and that we should change labels. We'll use some vague term like "character disorder of childhood" or something of this nature. Hence, the whole focus was on getting this person into the right niche, not on treating his problems or developing his potential.

Many of the procedures that have been available to us were those that encourage us to sort people into categories and maintain the status quo rather than suggest the potential for growth in the client. I recall a youngster with many kinds of withdrawing characteristics, bizarre thinking, and so forth, who was seen for a detailed case study in a psychological clinic.

The diagnostic report indicated that he was "schizophrenic" and "probably mentally retarded." I carefully examined the intelligence test used which was the Stanford-Binet. If you are familiar with this test, you will know that there are so-called "absurdity" questions. For example, one of them reads as follows: "Bill Jones' feet are so big that he has to put his trousers on over his head." This boy's response when the examiner read this statement was, "What's so funny about that?" "How big are his feet?" He apparently focused on something that was tangential. Another question read more or less as follows: "If you had fifteen cents and went to the store and bought some candy for three cents and some gum for five cents, how much change would you get back?" The youngster's response was, "Where did you get fifteen cents?" He was focusing on concrete things that had to do with parts rather than the whole question.

The examiner said that the test score was possibly invalid, but thought that the youngster was retarded. Well, he happened to be in my class at the time and was reading above grade level. This represents a typical case of "overachievement," or is it really "under-prediction," or examiner error? Nevertheless, this case explicitly illustrates those individuals whose focus of the whole diagnosis is on the classification of an atypical youngster rather than the exploration of his potential. Of course, he had serious problems; but all the way through this test he would ask questions which is hardly the behavior of a typical retardate. The examiner, however, was so intent on following the standardized test procedures that she overlooked important information that was being communicated in the test situation.

Many of the other performance labels like "below average in mechanical aptitude" or "poor work attitudes" are applied to clients on the basis of performance on a standardized test. Any sophisticated user of tests ought to know by now that the performances that have led to the application of such labels are those that reflect to a very high degree the influence of background factors other than inherent potential alone. People are disadvantaged when they have come from a deprived environmental situation. But, if we use test performance solely to label and classify people into categories, we may overlook the fact that these individuals have potential to develop to their fullest potential.

There are certain kinds of situations where tests can be used profitably with only the status-quo orientation. We want to get a cross-section of how a group of people looks at a particular time. We are taking a picture of them. Is this kind of use justified in a rehabilitation situation? For our purposes, diagnosis must describe present status in such a way that we see how to proceed most efficiently toward the further development of existing and new skills in the client. In other words, we need to help this client do a better job in a variety of situations, one of which may be the test situation.

It has been shown, of course, that you can teach people to score high on IQ tests. Our concern is to raise the level of functioning in the broad range of activities that are related to what is measured on an IQ test. Just specifically teaching them to do better on the test may not help, but if it can be done to raise their performance on the test, it can be done in this broad area.

Diagnosis must be relevant to our training program or it has a primarily negative value. I say negative deliberately because a diagnosis never has a neutral value as far as the client is concerned. If a diagnosis doesn't help us prescribe or develop our program for the client, the only contribution is usually to describe in greater detail his low performance when compared with some supposedly representative norm group. It defines more completely his present disadvantaged status. Such a "diagnosis" is like saying, "We have measured and tested you for four days, and you are really disadvantaged." How stupid can we be?

Let's return to another point regarding the use or misuse of diagnostic information. One of the most serious misuses of diagnostic information in the counseling of low-income individuals has been its use to attack their vocational aspirations as unrealistic. Too often we have taken the predictive significance of conventional batteries of tests too seriously. When talking to the client about what his goals are, we have referred to the test results and said, "It is just not realistic for you to want to do this, and so on." Is it our role to tell a youngster from an AFDC-supported family, city ghetto, or submarginal farm that his goal of becoming a lawyer is unrealistic? Is this any of our business? Our job is to help the youngster on his way and show him the first kinds of steps he needs to take toward his vocational goal. He may never reach that goal and may decide at some point along the way that he is not really interested in becoming a lawyer; but let him make this decision.

Being involved in education, I have a number of friends who are teachers. This is a role that requires a considerable amount of education. Several friends have told me that when they were in high school they were counseled against going to college. "You will never make it, you won't be successful," teachers or counselor told them. One of them actually dropped out and never went back until he got out of the armed service. Another one was a fellow who was doing well in high school but was counseled against going on to college. It didn't fit with his "family tradition." It isn't really very appropriate for a counselor to advise his client against going on to college or whatever. Let him try it and find out for himself. Maybe he will flunk out, but often enough he won't.

I wonder how many of you planned to be involved in vocational rehabilitation at the time you entered college. In a rapidly changing society, our definitions of roles change. We seek the opportunity that is ahead of us. A lot of us probably started out with aspirations to become something quite different than what we became as adults. I would imagine and certainly hope that many of us are still growing and may even enter some other occupational role. This can also be true for our clients. If we can see our job of using the information to help them take this first step rather than using it to discourage them, we could serve them more effectively.

Another very important aspect of diagnosis is that it be a continuing, ongoing, dynamic process that is inter-related to vocational rehabilitation programs. A diagnosis is not something that is done once and then filed away. It is something that you have to be concerned with throughout the rehabilitation process. There has to be feedback all along because at any stage the right kind of assessment information can help substantiate that our client is learning as efficiently as possible, or that changes in program need to be made.

One of the reasons why people drop out of school and rehabilitation programs is that they are not learning efficiently. We are not helping them. It is common knowledge that learning is a demanding, tension-producing experience for the individual, even under the best of circumstances. Through appropriate on-going diagnosis and continuous feedback, we can assure that learning is no more stressful than it has to be and that there is as much satisfaction in the learning as possible.

CONCLUSION

What I have been saying is that the right kind of diagnosis has many implications for rehabilitation programs. In a rapidly changing society, vocational rehabilitation is not a once-in-a-lifetime thing, but is a continuous process as people grow toward their goals. An appropriate model is provided by the New Careers Programs currently being developed, such as one at the University of Minnesota. Perhaps Miss Ada Deer, one of the participants in this conference who knows a great deal about the program, can discuss it briefly in the workshop sessions. In this program, disadvantaged clients are guided into sub-professional roles in institutions that offer opportunities for advancement to eventual full professional status.

In summary, our proverb "you can't make a silk purse from a sow's ear" is one that reflected an older, static view of society, one of unchanging status quo. It is my conviction that we can, through the application of the knowledge and skill that we have in diagnosis and rehabilitation, make men and women of greater value to themselves and society. If we can't do this, it seems that we have to honestly ask ourselves why we cannot. If we aren't doing the job, then we either ought to develop new procedures or close up shop and do something else.

ASSESSING CRITICAL VOCATIONAL BEHAVIORS WITH THE CULTURALLY DISADVANTAGED

Robert A. Walker

During the past several years, the Minneapolis Rehabilitation Center (MRC) has been trying to answer the question which all employment outcome services must ultimately face, Why is a client unemployed? Surprisingly enough, few agencies or individual counselors can answer this question with the kind of clarity and precision which would allow them to choose a pattern of services. The error that we make is to describe the most significant characteristic of the client rather than his needs. We delude ourselves into thinking that to describe a person as an older worker, minority group member, or paraplegic is helpful in selecting services which will get the person a job. Such a procedure results in our saying that the client is an AFDC mother and then providing her with basic education, a grooming program, and an OJT program in production sewing. It is obvious that our crude statement of the problem (AFDC mother) is not in any way helpful in selecting services.

We are now entering the era of a new group of clients whom we call the culturally disadvantaged. We have managed to coin a new characteristic which will stimulate the field to provide services. Unfortunately, the term is of little value in arranging a pattern of services which will help them get jobs. What we need to do is to develop a more precise way of describing the problems of unemployed people and start identifying needs or problems rather than general characteristics.

Before presenting a more efficient assessment model, it would be well to make two additional points. First, people are unemployed because of something that they are doing wrong or not doing at all. It is their behavior which gets them into trouble--not their attitudes. It presents no problem to anyone until they begin to behave in a particular kind of way. These are the things that cause people to be unemployed. Secondly, we are preparing people for a particular "market." They need to function in an employment setting. Whether they have mental health to the degree that would satisfy a psychiatrist is not necessarily important. Employment programs are supposed to get people back to work. Therefore, they should be trying to develop clients for employers. So, when we appraise the client, it should be based on what employers consider to be important and not the experts in medicine or mental health.

The remainder of this paper will discuss the ways which we now use to describe people and how the MRC describes unemployment. We also will provide a text of an interview which uses the MRC model.

THE PSYCHOLOGICAL MODEL

We started out by using the psychological assessment model. We used it for the first five years of our Center's existence. Although it is of limited value, most of our team conferences used the psychological assessment model. Staff members would attend and leave the meeting with a number of descriptive classic labels for psychological terms, such as "he is a very dependent person with ambulatory schizophrenia." They liked this model because it sounded professional and very sophisticated. Unfortunately, when we began working with the schizophrenic client, we were hard pressed to come up with any program that treated the problem. We eventually became displeased with the psychological model, based on follow-up studies. The studies tried to predict whether or not a person returned to work using the psychological predictors (personality tests). Results of the study showed that the amount of schizophrenia that you possess has nothing to do with whether or not you go back to work. This was supported by a similar study done at University Hospitals. The hospital provided various kinds of services to a group of "mentally ill" clients and followed them into the labor market using three different measures of employment success. They also found that the amount of "mental illness" did not correlate with employment success. A person could have an elevated score of 120 on the Minnesota Multi-Phasic Personality Inventory and would return to work just as readily as the person with the score of 70 or 50.

We began to question the utility of the psychological model and wondered if we were assessing problems that were not really related to employment. Perhaps mental health was more important to psychiatrists than to employers. We spent a great deal of time placing diagnostic classifications such as hypochondriasis, depression, and character disorders on clients. It began to be obvious that a person could have a great deal of psychopathology and still work. Hence, why were we so concerned about the mental health of the individual?

Secondly, we began to look at our psychological model from the viewpoint that although it would be nice to treat a bad ego, the critical question is can we treat it? Can we treat schizophrenia as it is classically defined? We had to admit that we could not cure schizophrenia. Although the psychological assessment model is great for team meetings and cocktail parties, it was not a very useful model for helping clients. Hence, we started to look for another model to use.

THE MEDICAL MODEL

We tried the medical model and discarded it very quickly. We used to classify all of our clients according to medical disabilities, and we found that most of the problems we were working with were not really related to the disability. There is no rational link between the problem of diabetes and the need for a basic education program. Secondly, we weren't treating medical problems, so why should we describe our clients using medical terms? It was evident that we needed to develop a different model.

THE MRC VOCATIONAL ASSESSMENT MODEL

Prior to developing our own vocational assessment model, we raised a very simple question: "Why is it that some people work and some people don't?" We worked on the answer for a year and finally were able to come up with some general ideas of what was important to evaluate. First of all, we felt that in order for a person to work, he had to have a job objective. Besides that, the client would also have to get a job. Hence, category two, job-seeking skills, emerged. We were also concerned as to how a client goes about his keeping a job. Thus, category three, job retention behaviors, was developed.

In order to define problems within these three categories, they had to fit certain kinds of criteria. First, they had to be employment related. We felt that certain kinds of behavior could exist without it being an employment problem. We were trying to get people back to work so we concentrated on employment-related behavior.

Secondly, we felt that there was little use in identifying a problem which, in effect, we could not treat. So we concluded that any problem we came up with essentially had to be treatable.

To illustrate our assessment approach, I made the video-tape you are about to see. This tape was a patterned interview I had with a middle-aged man. I had no prior information about the client, so the interview was completely spontaneous. During the interview, I asked the client a series of questions. The questions are really a patterned interview that tends to bring out the maximum information which we think is highly critical in order to find out why a client is not working. Another advantage of using a patterned interview is that you really don't need to have much background information on the client prior to seeing him. Without any prior knowledge of the client, in about a fifteen-minute interview, it is possible to obtain more information about him than a team can collect in several hours. One of the reasons is that this assessment model demands that the interviewer ask questions in certain areas. Yet, the interview flows naturally and appears spontaneous to the client.

THE INTERVIEW

C: Do you have any present skills which you think might be usable on the local market?

Cl: No, not really.

C: No skill at the present time. What kinds of work have you done in the past?

Cl: Construction work, farm work.

C: Pretty much heavy work?

Cl: Yes.

C: What kind of a student were you in high school?

Cl: I didn't go to high school.

C: You are a dropout from high school. How far did you go?

Cl: Eighth grade.

C: Why did you quit so early?

Cl: I preferred to be outside.

C: Did you have any difficulties in school?

Cl: Yes.

C: Hard time?

Cl: Yes.

C: Did you have any difficult subjects?

Cl: English, mostly.

C: How about math?

Cl: Math was my best one.

C: Do you have any occasion to use arithmetic at all?

Cl: Not too much.

C: Do you still remember your multiplication, long division?

Cl: Multiplication I do. The tables are rusty.

C: Have you ever had any special training at all, of any kind?

Cl: With the Army. And some diesel work.

C: Where did you get the diesel work?

Cl: In __________.

C: What year was this?

Cl: In 1964, somewhere around that.

C: Who sent you down there?

Cl: State rehabilitation.

C: How long was your course?

Cl: Six weeks.

C: Did you finish?

Cl: Yes.

C: How well did you do? How well did you like the classes and things?

Cl: You mean down there?

C: Yes.

Cl: I was taking staff apart and putting it back together again.

C: Was there any part of that course that was hard for you?

Cl: No, not really too hard. Except for the home study course.

C: You took a home study course? In math?

Cl: I had to do some math with it.

C: And that was the most difficult subject for you? Do you think you learned as much in that course as the rest of the guys?

Cl: I don't know.

C: Why is it that you didn't get a job in that area?

Cl: I couldn't get in.

C: You couldn't get in? What were the problems? The guy didn't have enough work for two, is that right?

Cl: Yes.

C: He didn't want anybody else to know the secrets?

Cl: Yes.

C: What did the job involve?

Cl: It was just fixing up farm machinery.

C: How many jobs had you applied for?

Cl: Just that one.

C: I notice you have some difficulties in walking. When did you have your accident?

Cl: 1959.

C: Do you have trouble with your leg?

Cl: Yes.

C: Is the rest of you in pretty good shape?

Cl: Pretty good shape. For a man of 90!

C: Do you know how long you can stand?

Cl: No, not really.

C: How about walking? Any ideas on that?

Cl: No.

C: What kind of situations do you have the most difficulty in--standing or walking?

Cl: Up stairways I have a difficulty.

C: In other words, it is up.

Cl: And down stairs, I have a difficulty.

C: Down? Did you ever lose your balance?

Cl: Ya, if somebody gave me a little push.

C: Do you have pain?

Cl: Yes.

C: Do you always have pain? Does it come and go?

Cl: Depends on what I do.

C: When is your pain the worst?

Cl: When I stand or do a lot of walking. Standing is the worst.

C: Do you have any troubles in sitting?

Cl: Only if I sit up to a table for a long time.

C: How does that present a problem?

Cl: It puts a pain in my leg and then when I get up it hurts.

C: Can you sit all day? Do you know for sure?

Cl: Fairly.

C: Well, let's suppose you have to sit for two hours and then get up for a fifteen-minute coffee break and then sit for two more hours.

Cl: Well, it depends on how high the chair is and how rested I get.

C: Do you know how far you can walk at a given time?

Cl: No, I don't.

C: Are you active at all in sports or any kind of outside activities?

Cl: Just hunting is all.

C: What kind of hunting do you do?

Cl: Deer hunting.

C: What is the longest period of time you can walk down a trail when you are deer hunting when the trail doesn't have a lot of logs or brush on it?

Cl: Deer hunting, you don't walk real fast. You walk slow and stop and stand a little and walk again and maybe sit down for a while and then walk again.

C: Can you spend a day out in the woods and not return pained?

Cl: Yes.

C: I bet you have to have some help hauling out the deer.

Cl: You bet!

C: The best place to shoot them is right on the road.

Cl: To shoot them right by your car is better yet.

C: It was in 1959 that you got banged up, right? What have you been living on since that time?

Cl: Social Security and the pension.

C: Approximately how much do you get a month?

Cl: I get about $305.

C: Are you able to live on that kind of income?

Cl: Yes, especially if my wife works.

C: Your wife works? Do you have any idea what is the most amount of money you made in a year prior to your accident?

Cl: Golly, I don't know for sure, but I paid income tax on about $2,500.

C: $2,500. So you are living reasonably well now compared to what you were living like before you had your accident.

Cl: Yes.

C: And you mention that your wife is working. Where does she work?

Cl: __________.

C: What town are you from?

Cl: I'm from __________.

C: What kind of work does she do there?

Cl: Wire stripping.

C: Yes, I see. And she's been working how long?

Cl: Since March. Before that she worked at __________ in __________.

C: And what's her pay?

Cl: She makes about \$60 a week, and her take-home pay is about \$52 or so.

C: Well, apparently at this point, money is not a big problem with you.

Cl: No. You watch yourself a little bit, but it's okay. We don't go chasing around to night clubs or anything like that.

C: Does your wife enjoy her job?

Cl: Not particularly. She says it is awfully boring. She liked __________ in __________ better.

C: If she didn't have to work for financial reasons, do you think she would work?

Cl: Well, I think she would.

C: Why did she go to work?

Cl: To get more things for the kids, I guess.

C: Has the accident created any problems that you have at all now that you haven't been working for the last few years?

Cl: Yes, first of all, the last time I broke my leg things seemed to get worse.

C: What's the current status of the marriage?

Cl: Up for divorce, I guess.

C: Do you feel that possibly this makes it a bad time to come to the Center to work on your employment problem?

Cl: Yes, I think it does.

C: Are you taking steps to do something about this problem in talking and getting along?

Cl: No, not right now.

C: Has she seen a lawyer?

Cl: Yes.

C: Apparently you two aren't talking about it at all.

Cl: Well, she says the sheriff was supposed to come out last Friday and he didn't. That's what she tells me.

C: He was supposed to do what?

Cl: Serve the papers.

C: Do you have any idea what effect a divorce would have on such things as alimony payments?

Cl: She would get just about everything I make.

C: And the money you get from Social Security or the VA--would part of that money go to her?

Cl: If she gets custody of the kids, it probably would.

C: Does it look like she will get custody of the children?

Cl: I believe so. It's pretty hard for a man to take them.

C: The last few years, what kind of jobs have you been looking for apart from the one that you mentioned?

Cl: I applied at a machine shop.

C: What kind of work did you apply for there?

Cl: Whatever was available.

C: You didn't go in there with a specific job in mind?

Cl: No. I just put in a general application. I got my application out at __________.

C: Any specific kind of work there?

Cl: No, uh uh.

C: I notice you had a limp as you walked in here. Don't they ask any questions about what you can do physically?

Cl: Yes.

C: How do you answer the question about whether or not you can stand to be on your feet all day?

Cl: I asked for a job that is bench work.

C: Suppose they said they had a job open, but you have to be on your feet all day. Would you take a job of that kind?

Cl: I would try it.

C: Do you think you could make it?

Cl: I don't know.

C: What kinds of skills do you think you now have which might be usable in your area? For example, you applied for a job at a machine shop.

Cl: Now, that's a good question.

C: How many places to you estimate that you have looked for work since the time of your accident? Just estimate.

Cl: Oh, I suppose roughly 4 or 5.

C: And because you were injured, didn't it present a problem in your getting to work day in and day out?

Cl: Yes, it did.

C: In what way?

Cl: I had to be careful in a snowstorm or something like that so I wouldn't get stuck or something.

C: Do you have some days when your legs are worse than others?

Cl: Oh, yes. It goes with the change in the weather.

C: Were there some mornings when you woke up and your legs were so painful that you couldn't get to work?

Cl: On some days it is so bad I can hardly move, but it's worse when I have been on my feet for quite a bit.

C: It makes it kind of tough to get up in the morning, doesn't it?

Cl: Yes.

C: Suppose you did find a job where you could sit part of the day and you had to be on your feet a little bit, do you think you could stick it out day after day?

Cl: I think so. I'd have to be awfully careful, but I could do it.

C: One of the things that we usually do is check with your former employers to find out things about your past jobs. Do you have any idea about the kinds of things they might say about you?

Cl: No, I don't.

C: How about co-workers, the guys you worked with? Any problems with them?

Cl: No, I was more or less the boss over them, you know. I told them, "You do this, do that."

C: Would they describe you as a consistent or dependable worker?

Cl: I would think so.

C: What do you think have been the major reasons since 1959 why you haven't had a steady job?

Cl: I'm not a high school graduate, I suppose.

C: How do you explain that to an employer?

Cl: They don't ask too much about that. I'm a cripple; I have no trade to offer. I have no experience. Employers want you to be 20 years old with 15 years of experience.

C: That's a hard combination. I notice that most of the things you mention for job possibilities involve training. Do you think it would be hard to go through a six-months training program, study, and develop some study habits?

Cl: I don't know.

C: Got any ideas of what you would like to do in the next few years?

Cl: I'd like to be working.

C: At this time it seems better to get your marital problems solved before we start on your vocational ones. Suppose you could be helped one way or the other. Would you be willing to come into a program like we have here?

Cl: Yes, I would be.

C: What do you think we can do for you?

Cl: Well, you can teach me something practical. I don't know. Whatever I am best suited for, whatever I can handle.

C: Do you have any questions at all to ask us?

Cl: None.

C: Okay, thank you.

REACTIONS TO THE INTERVIEW

As indicated, the client was asked a number of specific questions which I worded in different ways to elicit information in the three major categories of the MRC model. I would like to briefly discuss some of the problems and issues in these three major categories.

Does the Client Have Any Employable Skills?

Many counselors working with unemployed people tend to go into an evaluation of training potential rather quickly. In working with the culturally disadvantaged, however, we find that about 90% of them have sufficient skills at the present time to enter the labor market without training.

To evaluate training potential, we first assess the learning abilities of the client. We also look at his physical limitations. The four primary physical limitations we look at during the interview are standing, sitting, walking, and lifting. It is not at all uncommon for people who have lived with a disability for six or seven years such as this man to be unable to explain with any clarity exactly what his limitations are.

Job-Seeking Skills

In the area of frequency of job search, the client performed poorly. He indicated that he had looked for work five times since 1959. Our studies show that over 90% of the people we see at the Center almost never look for work. It is a question that tends to get the client a little defensive because usually clients don't like to admit that they don't look for work. They would like to blame the labor market for the fact that they are unemployed. Now for the job interview. If a client in the job interview couldn't explain his medical problem any better than this man, it's hard to imagine he would get the job. He also doesn't know how to get around the fact that he doesn't have a high school diploma. How would he explain the fact that he has been out of the labor market for six or seven years? These are just a few examples of some obvious problems which are going to come up in the job interview and cannot be hidden in any way. He has to learn to explain these problems in such a way that an employer might want to hire him.

In teaching clients at the Center how to explain their job skills, we first point out that the best evidence is either formal training or past work history. The client is taught that in order to convince the employer of his skills he has to explain them within the first two or three minutes of the interview. If he fails to do this, chances are the employer will have already made the decision not to hire. We teach our clients to go ahead and produce this kind of quality information very quickly.

Job Retention

In the area of job retention, tardiness and absenteeism are chronic problems of many of our clients. They are the most difficult problems we have to work on. Getting along with supervisors and co-workers is the next specific area of job behavior that we try to work on with our clients.

Quantity and quality of work is the final area. Even though a lot of people have good skills, they don't produce work consistently.

After a fifteen-minute interview with this client, we have assessed many more problems than we can possibly deal with. He has no present skills that are clearly defined, not much schooling, and seemed dullish. He did complete a six weeks training course but probably acquired few skills. Our problem then would be to establish a job objective. His physical limitations need to be defined. He does not know how to explain his problems or job skills and would probably not get through the job interview. His major problem, though, appears to be his low frequency of job search. My guess is that he does not want to work because he makes enough money without working. He may even make less money if he goes back to work.

CONCLUSION

In using the patterned interview and the vocational behavior assessment model, we are able to come up with a substantial number of issues that we have to contend with in order to get this client back into the labor market. This model is very simple and produces a maximum amount of information in a short period of time. This information is treatable and is related to his unemployment. Although such a procedure lacks the glamour of psychological jargon and profound medical terminology, we would hope it would be more helpful to the clients we try to serve.

PREPARING DIAGNOSTICIANS FOR WORKING WITH THE CULTURALLY DISADVANTAGED

Tom Benedict

INTRODUCTION

In an article titled "The Big Gun on Poverty," Edwin Dale (1) pointed out that governmental fiscal manipulations have improved far more individual situations than have the more humanistic programs of the Great Society. For example, he cited that in 1964, 450,000 families were moved out of the poverty class as defined by income. He reported increases in jobs where automation has taken place and pointed out that the greatest rate of growth in employment has been among the Negroes and the unskilled.

The influence of government economists cannot be denied, but the problems of cultural deprivation cannot be left totally in their hands. The illiterate, disabled, unskilled, and poverty stricken who are out of touch with the economy may be untouched by economic prosperity and by growth of the gross national product. As Dr. Wilson has pointed out, the issue of rehabilitating the culturally disadvantaged seems to be broader than just economic. It is one of values and relates to how our society feels that people should live. It involves not just economic problems, but medical, psychological, and social problems as well. In fact, most of the activities undertaken by people in our American society take place in the context of our social and moral values. Guthrie and Kelly (2) in an article on compensatory education support this when they state that:

> Compensatory education is a major issue, not because of an increased incidence of poverty or racial discrimination and not because schools have been inactive in recognizing responsibility to low-achieving pupils from poor neighborhoods. Rather it is a problem because the predominant values in American society are changing. Conditions of relative poverty and discrimination, which were tolerated in an era of social Darwinism during the 19th century and the first quarter of the 20th century, are regarded by a growing proportion of Americans as unacceptable and a legitimate object for corrective action by government.

ASSESSMENT AND CHARACTERISTICS OF THE CULTURALLY DISADVANTAGED

The values which determine attitudes toward poverty are changing. If we accept the hypothesis that in dealing with the culturally disadvantaged one is dealing with differences in human behavior which are given meaning only within a given social context, it becomes increasingly important to look at who determines the significance of deviations from expected norms.

The regulations contained in the Federal Register (3) seem to suggest that a medical approach should be followed. This is further supported in Rehabilitation Service Series 6218. In any event, Item 401.22 of the Register reads that "in all cases of behavioral disorders, a psychiatric or psychological evaluation will be obtained as appropriate." The question which arises is whether or not a medical evaluation is the most appropriate means of assessment. I'm sure that at times it is, but a search of the nomenclature and taxonomy of the American Psychological Association reveals nothing beyond the personality disorders. Furthermore, neither the norms nor deviations for social behavior or normal relationships with family or community have been explicitly spelled out in the literature. Certainly the deviations are not entirely medical, and the norms have not been established on purely medical grounds. The problem has not even been defined medically.

A behavioral disorder is described as being characterized by deviant social behavior which may result from vocational, educational, cultural, social, or environmental factors. Support for other than a medical approach is obtained from Szasz (4), a psychiatrist at New York University Upstate Medical Center in Syracuse. In an article taken from his book The Myth of Mental Illness, he stated that "since medical action is designed to correct only medical deviations, it seems logically absurd to think that it will help problems whose very existence has been defined and established on non-medical grounds." In fairness to Dr. Szasz, he was protesting the adoption of traditional medical approaches in psychiatry and wasn't talking about this particular kind of problem. The point, however, does seem to be well made.

The culturally disadvantaged are characterized by maladaptive or inappropriate behavior according to psychological, social, legal, educational, or moral standards of the majority of our society. Operationally, these behaviors will have to be defined, which is the purpose of this conference.

IOWA'S APPROACH TO IDENTIFYING THE CULTURALLY DISADVANTAGED

In developing an approach to identifying the culturally disadvantaged in Iowa, we spent considerable time reviewing the regulations that required either a psychological and/or psychiatric evaluation. Subsequent to discussing these regulations and the concept of a behavioral disorder with our psychiatric consultant, we started to look for available resources to help us in identifying the culturally disadvantaged.

The American Psychological Association has 269 psychologists certified in the state of Iowa. Of these, only fifteen are in private practice and presumably available as consultants to vocational rehabilitation agencies. Most of them are located in the larger cities and are not available to the people in the more sparsely populated areas. The demand on their time is so great that substantial delays were reported even when we took the client to them.

We were using thirty school psychologists on an irregular basis largely for testing, but their utilization was limited because they were employed elsewhere and normally were not available during the usual working hours. They reported to us that they were under pressure from their employers to terminate the outside activity. At this point, it became apparent to us that if the behavioral disorders were to be served an acceptable alternate would have to be developed. Again we looked to the Federal Register (p. 498) where it states that "the regulations are designed with the view toward recognizing maximum authority and responsibility of the states in carrying out their own programs." Fortified with that brief sentence and largely under the leadership of our State Supervisor of Intake, we developed guidelines and criteria for determining the presence of behavior disorders.

In addition, we requested that certain members of our staff be designated as vocational rehabilitation counselor psychologists. This designation fulfilled the objectives of the Act, and we were able to provide improved services to an increasing number of clients. It was intended that these vocational rehabilitation counselor psychologists would provide assessment and certification of behavioral disorders on the basis of a comprehensive review of the case records. It was anticipated that the record would contain information from many appropriate sources such as welfare agencies, penal institutions, courts, employers, schools, and certainly from the client. Hopefully, the case record would be adequate to determine if there is a pattern of maladaptive social behavior.

Our accepted definition, which comes from English and English, is simply that a behavioral disorder will exhibit a condition or impairment having an objective aspect distinguishable by behavior patterns which can generally be identified by psychiatrists or psychologists. Since we are seeking a pattern of behavior, it is not necessary that the vocational rehabilitation counselor psychologists have a face-to-face confrontation with the client. The behavioral pattern should be determined from the various documents which relate to his vocational and social adjustment. Since the definition calls for an objective aspect, the deviations must be made explicit and must be measurable by the frequency or intensity and nature of the maladaptive behavior.

Before going further, we again sought consultation from our psychiatric consultant and Dr. Leonard Miller, Coordinator of the Rehabilitation Counselor Education Program at the University of Iowa, regarding the adequacy of the training program and the presumed competence of graduates of that program to make this kind of decision. We also sought Dr. Miller's assistance in the development of our guide for the assessment of behavioral disorders and for developing a program for the training of the persons who were selected. Keeping the client utmost in mind and following the federal regulations, only those individuals who met the criteria set by the Iowa Psychological Association were selected for positions as vocational rehabilitation counselor psychologists. They had to have a B.A. or M.A. degree or their equivalent from a recognized institution, thirty hours of graduate study in Psychology, and at least one year of experience. We are fortunate in having a relatively large number of persons on our Iowa staff who meet these qualifications, from whence we selected eleven from different geographic areas to initiate our program.

The vocational rehabilitation counselor psychologist does not make the decisions of eligibility. He assesses whether or not there is a behavioral disorder present. If he needs more information, he requests it from the counselor. Then he makes his decision and sends it back to the counselor who determines whether or not the individual is eligible. If no behavioral disorder is found, he sends the case back to the counselor to be closed.

I regret that I am unable to provide you with any statistics on the utilization of these people, the numbers involved, and the number of occasions that our vocational rehabilitation counselor psychologists have been called in to make decisions. However, our reporting system does not lend itself to ready retrieval of this information. In any event, I suspect that it has been used moderately. I base this judgment on two factors: First, we have area supervisors who are in the field on a continuous basis. No feedback has come from them to the effect that anybody is overworked, and probably more important, I have received no complaints of being overworked from the eleven counselors who were selected.

REFERENCES

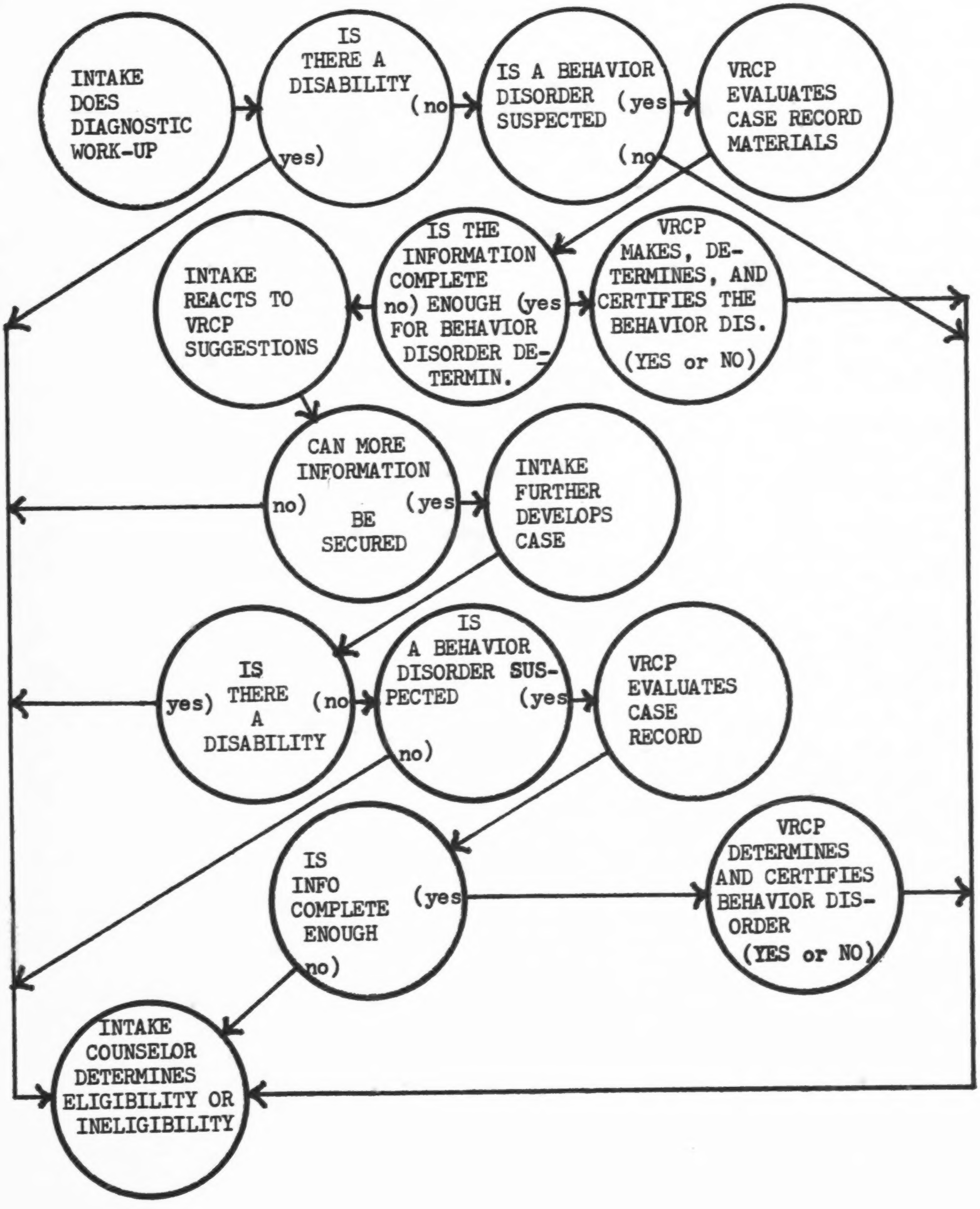
1. Dale, Edwin. The big gun on poverty. New Republic, 1965, pp. 13-15.

2. Guthrie, James and Kelly, James. Compensatory education. Phi Delta Kappan, 1965, 47:2, 70-74.

3. Vocational Rehabilitation Administration. Federal Register. Part II. 1966, 31:9, 498-527.

4. Szasz, Thomas. The Myth of Mental Illness. New York: Hoeber-Harper, 1961.

FLOW PROCESS - REFERRAL TO ELIGIBILITY DETERMINATION


INTAKE DOES DIAGNOSTIC WORK-UP
IS THERE A DISABILITY
(no
yes)
IS A BEHAVIOR DISORDER SUSPECTED
(yes
(no
VRCP EVALUATES CASE RECORD MATERIALS
INTAKE REACTS TO VRCP SUGGESTIONS
IS THE INFORMATION COMPLETE ENOUGH FOR BEHAVIOR DISORDER DETERMIN.
no)
(yes
VRCP MAKES, DETERMINES, AND CERTIFIES THE BEHAVIOR DIS.
(YES or NO)
CAN MORE INFORMATION BE SECURED
no)
(yes
INTAKE FURTHER DEVELOPS CASE
IS THERE A DISABILITY
yes)
(no
IS A BEHAVIOR DISORDER SUSPECTED
(yes
no)
VRCP EVALUATES CASE RECORD
IS INFO COMPLETE ENOUGH
(yes
no)
VRCP DETERMINES AND CERTIFIES BEHAVIOR DISORDER
(YES or NO)
INTAKE COUNSELOR DETERMINES ELIGIBILITY OR INELIGIBILITY

NAME ______________________________

The above-named individual's behavior is characterized by:

☐ (1) Social deviant behavior

and/or

☐ (2) Impaired ability to carry out normal relationships with the family and community which result from vocational, educational, social, and environmental factors.

______________ DATE

______________________________ PSYCHOLOGIST

☐ On the basis of the documented information in the case file, the determination of Behavior Disorders cannot be made.

______________ DATE

______________________________ PSYCHOLOGIST

SECTION II

APPROACHES TO REHABILITATING THE CULTURALLY DISADVANTAGED

REHABILITATING THE CULTURALLY DISADVANTAGED IN A RURAL SETTING - A PSYCHIATRIC APPROACH

Dr. Howard Reid

INTRODUCTION

I would like to relate to you some of the findings of a study of the culturally disadvantaged in a rural setting. We took five counties in northern Minnesota with a population of 62,000 and made an in-depth study of their personality patterns on a random sample basis using school districts as the geographical base. The study was financed by the Nielsen Corporation which was not particularly interested in the results. Hence, we did not have to justify our activities.

We studied the culturally disadvantaged in northern Minnesota using an anthropological, sociological, psychological, and psychiatric data gathering system. Our original interviews were conducted by anthropologists, purposely gathered from all over the world. We had one from Finland, one from Australia, two from Hawaii, one from West Germany, and a number of them from the United States (University of Minnesota). Over a three-year period we had some thirty anthropologists conducting our regional interviews, which consisted of about four hours of in-depth assessments of their physical milieu.

From a random sample selection of the group, which represented about 300 families out of 62,000 people, we did a social study. We used the Family Interaction Test (FIAT), which takes two to three hours to administer. It is a projective test in which you show pictures of various things happening in the family and ask the person to give his subjective reactions as to what he thinks is going on.

For psychological tests we used the MMPI with a special way of administering the Schematic Obsession in which we had two extra pictures involving Indian-white interaction. These were standardized in our area against an all-white community and a fifty-fifty Indian-white community.

Following this, another random sample selected was subjected to an in-depth psychiatric interview with a sort system composed of 100 items that was obtained from the Institute of Living. Each of the families selected had about ten hours of scientific observation in an effort to determine any trends among people who are culturally disadvantaged. All of the interviews were conducted in the person's home environment. None of these people came to our office.

RESULTS OF THE STUDY

I will give you some of the tentative conclusions that we have drawn as a result of the preliminary findings. The subjects selected for the study were more normal than the Mental Health Center patients. Those people who come to the Mental Health Center for treatment are more abnormal than those who don't come. The original suspected pattern of depression ran through all of the persons involved in the study. The disadvantaged suffer a serious, long-standing, grinding depression. It seems that these people who have this depression live together in the community and commit suicide on a community basis. They don't commit physical suicide; they just don't vote on their bond issues, participate in community affairs, etc., and their town dies. We feel that there is a pattern of introversion in the culturally disadvantaged. Both men and women showed less than average drive as measured by our Western state culture process.

Persons with many personal acquisitions in culturally disadvantaged areas showed more depression. They also had a higher rate of compulsity. How does this happen? Do people who have less compulsity do better in the world of work? In northern Minnesota where the study was done--yes. Persons who expressed optimism were more likely to be depressed than those who expressed pessimism. Pessimists were older and tended to be more realistic and hard headed. Furthermore, we felt that the depressed area or culturally disadvantaged syndrome was not only a way of life but an extremely complex system of attitudes. It does not lend itself to a simplified definition or easy handling.

Denial is abnormally high in an inverse ratio of economic status. In other words, optimism was relatively more common in those people who don't have anything. What happens in northern Minnesota among the culturally disadvantaged is that there is a high belief in a windfall magic that something is going to happen to make things better. This is everything from a Duke's maxim in a Greek play to "my uncle is going to die and leave me $1,000."

We tried to find out what the school dropout rate was in northern Minnesota, but nobody knew anything about school dropout rates. So we hired a professor on a sabbatical who interviewed every school dropout he could find (60%) for the past ten years. He found that the school dropout rate was higher among students from a tight-knit family than a broken family. When we tried to figure this out, we found that parents in their anger, fear, and lack of interest and understanding of the world as it moves past them were seducing their children out of school. They were saying to them on one hand, "Education is fine, isn't it, son?" Then they tell their children, "But now you know enough. You can plow the field, shoot the deer, cut the hay, and milk the cows. What's this idea of going to school? After all, I need you to do the work."

It was also observed among the disadvantaged that there was a very high rate of covert matriarchy. In this pattern, the woman marries her own son and allows him to run and play in the woods and tolerates a second son in her family. This is the kind of fundamental psychological pattern that we see so much of where the woman is usually down trodden, deprived and complaining, and has an extra son in the family.

In the area where I live, persons in positions of relative affluence tend to covertly foster poverty in others for their own unconscious needs and gratification. This is one of the primary reasons for the persistence of the unscientific stereotypes on the part of the power structure of the community. One of the real reasons why community betterment programs are weak in this area is because the power structure won't recognize and take action to alleviate and/or resolve the problem.

REHABILITATING THE DISADVANTAGED

It is my feeling that vocational rehabilitation counselors working with the culturally disadvantaged must do a detailed study to understand these individuals in their environment. Subsequent to this, the rehabilitation of the disadvantaged in northern Minnesota should be directed toward some of the following areas from a psychiatric point of view.

1. We must alleviate the gnawing, grinding, long-standing, passed-on depression. I am talking about emotional depression, not financial depression.

2. We must allow the culturally disadvantaged to express their anger. We must allow them to hurt us to some extent and must realize that they are mad and depressed.

3. We must replace their losses, real or imagined, including everything from jobs to self-image, with a worthwhile self-image. We must do something about the way the culturally disadvantaged person sees himself. It is not uncommon in our area for the disadvantaged children to become adults and the adults to remain as children. The youngster matures quickly, but his parents don't accept responsibility. So the adult remains a child and the child becomes an adult before he is ready to do so.

4. We must provide rehabilitation services to the culturally disadvantaged now. It is very difficult for a disadvantaged person referred to vocational rehabilitation to go through the intake system and then not receive services for a month or more. They don't have this kind of understanding and patience; hence, they want help now.

CONCLUSION

We feel from our studies in these particular areas that the culturally disadvantaged should be removed from the rural community whenever possible and should stay away for a sufficient time to try to break the neurotic expectations pattern. But, whatever the neurotic expectations pattern is, such as "the woods and the forest will take care of me" or "something is going to happen to me," we feel that the client should be removed from the situation for sufficient time to break this pattern.

We are going to have to start initiating these approaches on a gradual basis in our communities. Each community will have to realize that it is responsible, for we are truly our brother's keeper.

COMMUNICATING WITH THE CULTURALLY DISADVANTAGED

Larry Harris

My presentation will not be that of a person with any knowledge of rehabilitation. In fact, I had to look up the definition of the word. Nevertheless, I want to share with you some of the observations that I have had an opportunity to make in working with people from low-income areas in Minneapolis and St. Paul for the past fifteen years.

COMMUNICATION BETWEEN THE PROFESSIONAL AND THE CULTURALLY DISADVANTAGED

The real problem of communication is between the middle-class professional worker and the culturally disadvantaged. In looking at this aspect of communication, we tried an experimental approach in north Minneapolis. We set up the Lincoln Learning Center, which is a store front junior high school for forty-five boys and girls from seventh, eighth, and ninth grades. We asked the counselors to send us potential dropouts, and some of them informed us that they wouldn't brand any student in their school a potential dropout. So we re-organized some of our research guidelines and developed a few selection criteria such as retarded in reading, underachiever, or spotty attendance. We re-defined dropout in a number of dimensions, and the number of boys and girls who fit in this category were brought into the special program.

Forty-five youngsters are working with seven faculty members, including a counselor and a social worker, and we are really helping the kids. In effect, we are saying to the youngster, "If you help us in a program to learn some new ways of teaching kids from the inner city, we'll give you extra help." We had a hard time begging the first forty-five youngsters to come into the program. Now, in the third year, there is a waiting list of over 150 youngsters.

I said "begging" because we said we would only take volunteers, and as many as four visits were made to their homes before the parents and youngsters decided that they would participate. What the staff is trying to approach at Lincoln Learning Center is what we call differential English. It is based on the hypothesis that the communication pattern in every youngster's home is meaningful and that the school should not reject it. We should respect each child's own family communication pattern. As the faculty began to look at their own family communication patterns, they found that there was an observable range even among the middle-class teachers and social workers.

When you get to the world of work, many of the kids who come from various kinds of backgrounds come together. In the Lincoln Learning Center, we try to establish a common vocabulary in the world of work that is not necessarily better than the vocabulary used in any child's home. We have noticed an interesting pattern on the part of the kids as they grow to know the faculty. The language in the initial phase of this Lincoln Learning Center was something else with forty-five youngsters testing seven adult faculty members. They began their stay at the Center with a lot of swearing which reduced remarkably after they became convinced that this was a place to help them. Throughout the project, there were instances when they failed at some task and would revert back to the language pattern of swearing to express their frustration. We noticed, however, the absence of hostility.

The important factor about the Learning Center was that it accepted the basic communication patterns of the youngsters. Then it was much easier for them to move on and learn another one. The question in looking at the whole aspect of cultural differences is that we have tended, from the middle-class point of view, to say that everyone who is different from us in a cultural background is disadvantaged. We have to re-examine this.

THE CLIENT'S VIEW OF "DISADVANTAGED"

In looking at the culture of the disadvantaged in our communities, it is evident that clients have their own view about the disadvantaged. It is the target area that receives the Education Act monies, and you have to have a certain percentage of low-income families to qualify. So some of the low-income families say that they live in the target area as opposed to saying they live in the ghetto or depressed area. There are certain strengths in these people that we need to examine in working with them. The most important factor that concerns the culturally disadvantaged relative to rehabilitation agencies is this concept of time. We talk about leisure time and free time. Well, dead time is painful, but waiting time is worse, particularly when you are hungry and need help now.

The referral concept as perceived by the culturally disadvantaged is a "run around" procedure. The worker doesn't know what to do so he calls somebody else and the client waits, which is extremely discomforting. The disheartening thing is that we usually do not take the time to explain the reasons for the delay of services to the client, although I have seen the situation where the professional worker has taken the time to point out to a client that there are eighteen people ahead of him. This doesn't make it that much more comfortable for the culturally disadvantaged, but at least they can see why there is a waiting period. The client also knows that the worker respects him enough as a human being to explain why there is a waiting period.

CLIENT'S PERCEPTIONS OF PROFESSIONALS

There are several things that enter into the relationship between the culturally disadvantaged person and the middle-class worker. I'm not going to define middle class because we could spend the rest of the conference on that topic. Those of us here would run into differential perception. We perceive things differently because we view them differently. All I would have to do is ask you to define the word "police" in three words. What three words come to your mind when I mention "police?" I could go to an audience of this size in any ghetto and ask for the definition of "police," and I am sure that there would be many different reactions. What is the differential perception of rehabilitation counselors on the part of our disadvantaged clients? What do they see when we talk about vocational rehabilitation? What do they see as the role of the agency? Does the client see it as helping him get a job? Does the client see it as helping him learn to get along with his parents, spouse, or boss who doesn't really understand him? How does the disadvantaged person perceive the word client? If you ask some kids on the street corner what they think of when they hear the word client, they are not thinking of case workers or vocational rehabilitation counselors. The guy who really counts there is a lawyer; and we may be, in effect, tabbing ourselves as second-string lawyers when we talk about clients.

We refer to people from the service professions such as medicine, psychology, psychiatry, and social work as the helping professions. Many of the low-income people see us as the authoritarian profession because of the day-to-day contact they have with the "helping professions," such as the probation officer, relief worker, school social worker who asks why the child wasn't in school the last twenty-six days, and the nurse who says that your child has another disease and he will have to be kept home for a few days. We have to recognize that, as professional people, we are seen by the disadvantaged as people with authority to determine whether or not there is going to be four or five dollars more in a budget. In talking with an AFDC mother whose child had a chance to go to a three-week special program, she questioned what would happen to her budget if the child were gone three weeks. Here was a chance for the child to have a great experience, and the mother was worrying whether or not this was going to significantly influence the budget. We can say this is very narrow minded of the mother, but what does it say of a system that has a mother on the edge so much that she worries whether the child's food allowance is going to be taken away? What about the power to recommend revocation of parole, or the power to decide whether or not the child gets a scholarship to camp, or whether or not that worker is going to recommend in court that a family's children be taken away? We run into the aspect of power that sometimes we don't realize we have.

There are certain common denominators that the culturally disadvantaged see about professions that tie us together, particularly in such things as the way we dress. I've always wanted to go to meetings with a pair of overalls and a blue shirt on to see how long it would take somebody to ask me why I was there. On the north side of Minneapolis some of our workers are now wearing colored shirts because of the reactions about white-collar workers.

There is an interesting separation between the worker behind the desk and the client on the other side. It represents a wall or, more specifically, a battle ground. When I worked on the street corners, we didn't have a desk, but we had the lamp post. Kids said things to me under that lamp post that they would never say in my office. So, if you really want to find out what is going on, you have to get out. You can learn a great deal around the pool hall where the kids have a chance to talk. We have to go for interviews in the culturally disadvantaged's environment.

One of the things that bothers the culturally disadvantaged is that we are always in a hurry to get to the next person. They get the feeling we don't want to spend time with them because of our appointment book lying on the desk with a line drawn each half hour. The professionals either stick up for other professionals or berate them. For instance, social workers will never admit that another worker did anything right or wrong. The culturally disadvantaged resent our constant telling them what to do, how to spend their money, where to be at what time. The thing that is the most difficult is that many culturally disadvantaged are never given the chance to stick with anything long enough to either succeed or fail without the intervention of a social worker who tells him he is going in the wrong direction. Perhaps we need to look at this area in our professional role in helping clients develop and enhance their sense of dignity. It can be awfully dehumanizing in some of the agencies where people are shuffled around like animals.

I would like to share with you some comments made by teenagers in and out of institutions and by parents whom I have had the chance to meet and work with in the last ten years through our juvenile delinquency and poverty program. We have been working with a lot of culturally disadvantaged persons, not on a worker-client relationship, but on various community committees. These groups criticize workers in general. For example, some say their AFDC worker is no good because he wouldn't give them a new refrigerator, some criticize their probation officer who wouldn't let them go fishing because it was out of the country, and some will say, "I've really got a good worker. He has helped me to do this." So you have various kinds of perceptions among the culturally disadvantaged of the professional worker. In talking about "good workers," they describe this person as one who listens to what you have to say. Our aides in the poverty program have been most valuable because they have taken time to listen to clients. Sometimes you have to let the disadvantaged person go around the "barn" two or three times before he opens up to talk about the "bronco." They say that the good worker explains things so they will understand them. The worker may say, "I have never explained this to anyone else before, so if I'm not clear, just let me know. Don't feel bad about it, this is a new process for me, too."

The culturally disadvantaged also say that the good worker is honest. If he can't do something, he will say so. If there is only a one out of four chance of getting a job at a place, you are told that. The thing that concerns the culturally disadvantaged most about professionals is their attitude "I'll see what I can do." The good worker follows this up. When you are referred to another agency by a good worker, you go there and they say, "Yes, Mr. Jones has called and told us you would be coming." How many times do we have the best intention in the world of following up on a call and we get busy and forget it?

The other thing I have heard several times is that the good worker knows when to smile. Sometimes we are too serious in our relationship with others.

USE OF AIDES AS A COMMUNICATION APPROACH

One area in which we are making interesting inroads in communicating with the culturally disadvantaged in schools and some of our agencies in Minneapolis is through the use of disadvantaged residents as non-professional aides. They bring to the agencies a knowledge of the disadvantaged community and an awareness that we can't get from professionals. We have to recognize that going through college and graduate school we pay the price. No matter how well we knew the disadvantaged, there is still a six-year separation. We learn new rules to work in professional societies and lose touch with the gang on the street corner. Educators talk about the long, hot summer in the city streets. We've had some long, hot summers in meetings and have paid a price. Our aides, however, can help avert it now because they know the community. If we in the professional agencies are not willing to make long-term permanent career slots for them, which may mean re-defining our job structure in a given agency, then we should not use the disadvantaged as aides for three or four years and then tell them the following: "Sorry, you have done a great job, but there is no way to promote you. Our agency standards are such that you must have four years of college including a year of French and three years of rehabilitation needs." We have this responsibility here in the early stages of the game to begin to look ahead.

One of the things we have to do is begin to spend more time in culturally disadvantaged areas. We sent some of our teachers out this past summer, and they spent some time walking the ghetto streets. One lady came up and asked, "Who's in trouble?" When they asked why, she said, "You would not be out here unless something were wrong!" An interesting perception of the disadvantaged was that these teachers didn't belong there. After spending a couple of days there, the teachers began to feel some of the tension. It now made sense. Some of our teachers in the inner city finally saw the slums for the first time. It is a vital part of the north side, and now it is a part of the teacher.

Finally, we have to use the disadvantaged clients on some of our planning committees. They have much to offer if we are willing to let them participate as full partners.

APPLICABILITY OF PSYCHOLOGICAL TECHNIQUES IN WORKING WITH THE CULTURALLY DISADVANTAGED

Dr. Joe Hogan

I wish to discuss a few techniques as far as psychological appraisal and counseling are concerned in working with the disadvantaged. I may comment upon some of the areas already discussed; and, if so, it simply means that they are extremely vital areas in working with these individuals.

THE ATTITUDES OF THE CLIENT

We have to remember first that any individual with whom we work has certain attitudes. I realize that you work primarily with adolescents and adults, but let's go back to grade school where some of the attitudes are developed. You take a kid who is culturally disadvantaged, rural or urban, and you put him in school. The first book he learns to read from says, "See Dick," "See Sally run," "Run, Sally, run," and so on throughout the book. The illustrations in the book show the kids standing, running, or playing on a nice green, flat yard. Everything in the environment is beautiful and nice. They show the kids standing in front of a nice big two-story colonial home that has just been freshly painted. On another page of the book it may say "See Daddy," and Daddy comes running in from the right side of the page dressed in a nice suit with a white shirt and tie. What kinds of experiences do the disadvantaged see when they read "See Sally run" and Sally is in front of a nice big white house? They don't know what a nice big white house is or what it is to have a nicely mowed lawn. As a matter of fact, I have been informed that there are kids in New York who have never seen grass. What are we trying to get across to these kids at the elementary level? The things that we are telling them are really not what they see in their environment. I'm not too sure that these very things aren't making them even more alienated than they might ordinarily be. They see the "good life" here, and they see themselves as leading the "bad life" or the life which they often do not want to lead.

An interesting study was done at the University of Minnesota for a Master's paper a few years ago by a student who looked at elementary readers from first through sixth grade to determine the percentage of occupational groups that were mentioned in these readers. The typical reader showed the doctor helping a little boy who had a big cut on his arm, the dentist scrubbing a little girl's teeth, the smiling postman coming up the walk whistling, the policeman standing with his hand up and the little boys and girls running around behind him, and the fireman polishing his truck. What are these illustrations conveying to these kids? They are telling them that the only good jobs are professional and service occupations. They are telling these kids "you really ought to be in a profession. Look how wonderful it is to help little boys who cut their arms." How many professional people do we have in this country? It is my understanding that the percentage is somewhere under fifteen per cent. How many times are professional people mentioned in basic readers? Thirty per cent of the occupations mentioned in these readers are about professionals and approximately twenty-five per cent are service occupations. Only nine per cent of the population falls in the service occupation category.

We are being unrealistic with the culturally disadvantaged. We are telling them about things which really don't exist for them, at least not nearly as often as we imply. Let's keep in mind that they have been exposed to some kinds of stimuli which they can't respond to and lack experience or background for. Hence, they develop a defeatist attitude and a good deal of hostility. They are unhappy, dissatisfied, and are in what one psychiatrist I know calls a "negative spiral." Everybody essentially starts out the same, but with their experiences they are either positively or negatively reinforced. A person who is culturally disadvantaged is negatively reinforced. Everything he does fails. He takes tests in school and fails them. He is unsuccessful in obtaining and retaining jobs. Everything he does is negative, and negativism begets negativism. So by the time he is referred for rehabilitation services you are going to have a difficult time working with him. You will have to convince him of your desire to help. Maybe there might be a positive element that you can inject.

ASSESSMENT AND ITS IMPLICATIONS

Let's go back historically to about 1917 when the great war broke out. The Army commissioned a few psychologists to develop what became the first group intelligence test called the Army Alpha. The test was primarily verbal, and if you couldn't read you couldn't take it. In 1917 there were a large number of illiterates who couldn't read a word, and they took the Army Alpha and failed it. Were they stupid, dumb, or retarded? No, not necessarily so. They couldn't read, so a different test called the Army Beta was devised for individuals who couldn't read.

Another test--the Stanford-Binet--was designed for measuring intelligence. Did you ever try to test a severely involved cerebral palsied client with the Binet? It can't be done. If you give him the test, you may diagnose him as trainable retarded because he didn't happen to say the right things at the right time. I've seen a number of times where a child was diagnosed with an IQ of 30 because he couldn't respond to the Binet. Unfortunately, the psychologist didn't take into consideration other significant factors relative to the client. A number of the present tests we are using are inappropriate. The Army Alpha was inappropriate for illiterates, and yet they administered it to them. The Binet is inappropriate for the cerebral palsied, the aphasic, and a number of other handicapped individuals, so I hope it isn't given to these people.

A couple of days ago I was talking with a representative from the State Employment Service relative to their research on using the GATB for the culturally disadvantaged. It was indicated that they have found, as a group, that the culturally disadvantaged do poorly on the verbal, the "G" and the "N" factors on the GATB but well on the form perception.

It seems to me that what we say to these people is, "You really have to take and pass the test which we, as the so-called middle class, have devised. Moreover, you have to compare yourselves with middle-class people on the norm group." The norm groups and the items on tests are usually inappropriate for the culturally disadvantaged. If you remember anything from your basic measurement courses, I am sure you were taught that in order to give a test to a certain person you must assume his background is at least approximately the same as that of the norm group. If it isn't, the validity of the test is questioned. Yet, we are administering inappropriate tests to our clients. We are violating some of the basic premises that we have set up in the field of measurement. This suggests that maybe we need to devise some new standardized tests. Otherwise we are doing a great disadvantage to the culturally disadvantaged. We say to them "you are stupid." But they are not necessarily stupid. They are different, have different kinds of abilities and perceptions, and are different in other ways, but they are not stupid. We simply haven't devised adequate measuring devices that are going to help us in working with them.

WHAT CAN WE DO IN WORKING WITH THE CULTURALLY DISADVANTAGED?

There are a number of things that we can do in working with the culturally disadvantaged. One thing that rehabilitation counselors and especially the Vocational Adjustment Coordinators who are in schools directly can do in making contacts with educators is to push this idea of changes at the elementary level in methods of teaching and the kinds of materials they use in teaching. Schools are still unrealistic in what they are showing and telling these kids.

The kinds of things they are reading are not necessarily in line with the real world as it actually exists. They need to see the total picture. There has been some advancement in this direction, but it has been very weak at this point.

TESTING

Reference has been made to testing in the provision of services. There is need for objective data on clients, but you have to be careful about wanting to test every client who comes in for your services. Think back a minute to the testing experience of these culturally disadvantaged. They have failed in testing. So the first thing you say to them is, "this is a helping relationship, and I want to do some good for you." But, on the other hand, you are saying, "Sit down and do the very thing that I know you are going to fail at anyway." Hence, you have to proceed with some caution. You are going to have to discuss with the client what he might want and the areas in which he thinks he needs help. It may take some time before you actually get around to giving the test, and in the meantime you should be doing other things. Don't force testing upon the disadvantaged when you already know it is threatening to them.

I would like to support Mr. Harris's statement about professionals getting out into the community. Too often counselors sit in nice offices and have no idea what is happening in their immediate vicinity. They need to get out and see how some of the people whom they are working with are living. In other words, they need to look at some of the physical and cultural environments of their clients but not forgetting that they are human beings. This is amazing to say, isn't it? We always assume that everybody is a human being, but we don't treat everybody as such. I can't think off hand of a counseling theorist who doesn't at least imply the concept of the worth and dignity of each human being. But I'm not sure we treat the culturally disadvantaged that way. As counselors, we tend to put ourselves up as authorities, but we really aren't. We don't know everything, by any means. At the same time, we should let the culturally disadvantaged go ahead and have try-out experiences.

TRY-OUT EXPERIENCES

There is not sufficient time to discuss vocational development. Nevertheless, try-out experiences should be encouraged among the disadvantaged and we should let them fail. This is being realistic, and the world is not going to end if they fail. But if you classify them on the basis of these failures coupled with tests and our wonderful hypotheses in counseling, you are restricting them. We need to coordinate the try-out experiences with counseling and help them reach decisions and realize the goals and consequences of these decisions. E. G. Williamson, in a TV series a year ago, was talking with a student in one of the session. The student was worried and said, "Gee, look at the time I am going to waste if I don't go right into one occupation." Williamson responded that time is not the factor. The point is if you can profit from these experiences and if they help you in the long run.

UNDERSTANDING THE CULTURALLY DISADVANTAGED

There is no need to over-emphasize the idea of self-understanding. By now you know that it is particularly important in working with the culturally disadvantaged. We are prejudiced against them. In fact, I would go so far as to say if you don't think you can work with them, for Heaven's sake, don't. It is the same with any group or individual whom you can't work with. Don't force yourself and be artificial and unrealistic. The more you try to pretend you like to work with them but don't, the more obvious it becomes. Clients are a lot more perceptive than we think. If you don't like them, they can tell it quite readily. Also, don't forget to listen. I see I have some of my students in the audience. I kept telling them almost every day last quarter "Listen to what these people are saying and try to understand them." You don't know what it is like entirely to be them, but you can't do it by sitting back and analyzing and diagnosing. You have to begin to listen and react to them. Don't forget they are always saying something to you, verbally and non-verbally.

Have you ever tried T groups with these people? Have you ever tried group counseling with them? These are all possibilities for you to consider in rehabilitating the culturally disadvantaged. I attended a workshop recently where Jack Gibb of Western Behavioral Institute in California was talking about the use of a T group with hard-core delinquents in Chicago which was fascinating. The kids were beating each other up, and they came out of some of the sessions bloody. But after years of unemployment and dropping out of school, these kids went out and secured jobs. A year afterward they still had the jobs. So there is something to be offered in some of these new approaches, which you very well might want to consider.

WORKING WITH PARENTS

Working with the parents is a relatively new area. In rehabilitation, this is done on a limited basis. Maybe philosophically you feel you shouldn't, but in view of the adolescent kids you work with, why not work with parents, either individually or in groups? A number of areas such as this one have been ignored by rehabilitation agencies.

You should also be thinking of such things as what kinds of people can work with the disadvantaged. Should Negroes work with Negroes? Should culturally disadvantaged work with culturally disadvantaged? There has been little research done in these areas. Rehabilitation can fill these voids.

CONCLUSION

I have only touched on the various areas that should be explored. I hope you will have the opportunity to explore them further and to apply some of the principles in your contacts with the culturally disadvantaged.

APPROACHES IN REHABILITATING THE INDIAN

Charles Featherstone

I would like to share with you some of the experiences I have had in working with the Bureau of Indian Affairs in assisting Indian people who are looking for a better way of life.

A REHABILITATION PROGRAM FOR A CULTURALLY DISADVANTAGED FAMILY

About two years ago, the Cleveland (Ohio) Bureau of Indian Affairs decided that it would like to get right down to the hard core of solving Indian people's problems. The Bureau wanted to develop programs for large families.

We had the opportunity to work with an Indian family from the Mississippi Choctaw. This family had lived on the reservation and made its living primarily share cropping. They lived in a cabin with no electricity, running water, or any of the other facilities that we are accustomed to. The annual income was very small. The nine children in the family had not been in school regularly. The husband and wife had never been to school, and the wife could not speak English. When the share cropping opportunity vanished and the family had no other way of making a living, they applied to the Bureau of Indian Affairs to come to Cleveland where the husband hoped to get a job. This was our challenge to see if this was possible.

We talked with employers to see what possible chance a person with this background and a family of this size had to make a decent kind of living in the city. In searching for possibilities, one employer asked if this man could learn to weld. So we contacted a welding school to see if they had ever trained an illiterate. The school felt that if he had some of the natural attributes for welding they probably could train him. We proposed this to the family, and they indicated they would like to try.

The next problem was finding a place for a family of this size to live. In a city like Cleveland, this was a real problem. It's not too much of a job finding housing for a single person and others, but it was a real challenge to find an adequate place for a family of this size that they could afford. We went to the Public Housing Authority, and they agreed to join us in this special venture. They indicated that they did not have any apartment at the present time that was large enough to handle a family of this size, but they said they would make room. There were adjacent apartments with a door separating them. As a result, the family had enough bedrooms, bathrooms, and other facilities needed.

URBAN PROBLEMS

Living Conditions

We had many problems when the family arrived in Cleveland. First we had to give directions to a family that couldn't read. We then realized what the impact was and the kind of assistance these people were actually going to need. After getting the family together, we discovered that the two oldest daughters, ages eighteen and nineteen, had been to school through the eighth and ninth grades respectively and that they could speak English and read. They had a fifteen-year old son who also could read to some extent. By using the family resources and with the help of the staff, it was possible to help them learn the necessary communicative skills for getting around the community. It took a lot of time, but they could tell which bus to take and how to get to the store and back home again.

Preparing the Father for Employment

Secondly, the father was enrolled in the welding school. He arrived at work on time every day, which was an unusual experience for him because at the reservation he never had to follow a time schedule. However, he responded quite well to this. In the meantime, the mother and girls learned how to shop in a supermarket. They had to have a considerable amount of help at first, but they soon found how to get from their residence to the supermarket. The staff had to get involved very intimately with their lives and assist at this level. Here is where it is difficult to develop the channel of communication that is necessary to establish these relationships. It takes quite a while. In order to allow for the time, the Bureau of Indian Affairs allowed additional funds so we weren't pressed for time and didn't lack money. The funds were not the problem. It was the matter of helping this family move into the community and adjust.

The father finished his training and began working as a welder. At this point he found out that he needed to learn how to read and to be able to keep some records. One of his co-workers was assigned to assist him in filling out the cards and keeping records of the things that he was welding. Everything went along pretty well until one day after pay day when he did not return to work. After investigating the situation, we found that he had stopped by a bar on the way home and indulged too freely and couldn't get to work the next day. We knew that if he succumbed to drinking the whole venture would be a failure. Again we went to the employer, and he was very lenient with the employee. We had several sessions with the individual and employer in an effort to facilitate the job adjustment of the individual.

Support From the Church

Since the family had been accustomed to going to church and had carried out this custom in the city, we had some support from this direction. Through the combined efforts of many people, the family slowly began to make its own way. After the individual received his first pay check, the Bureau's financial assistance began to taper off. In the meantime, the two older girls decided that they would each like to get a job. We helped them obtain work, and the extra money helped considerably in meeting the financial needs of the family.

DEVELOPMENT OF OTHER FAMILY PROBLEMS

Subsequent to this, other problems developed. The son got in serious trouble by borrowing a car without the owner's consent and was charged with car theft. He appeared before the judge and was placed on probation. At this point we went to the Office of Economic Opportunity and the local Employment Service Office and discovered that there was a MDTA training program at Mahoning Valley, which is about fifty miles west of Cleveland. The son was eligible for this kind of training, and with the judge's consent we assisted him in enrolling in the program. He participated in the program for approximately six weeks before he finally disappeared and went back to the reservation.

When one of the daughters fell in love, it precipitated a family crisis because the man she wanted to marry was not an Indian. The whole family came into my office to see me personally. The husband and wife were very perturbed about this because they didn't want their family to get "mixed up." We discussed the matter and, in due course of time, the father relinquished. He gave his consent, and the girl married.

CONCLUSION

A tremendous amount of time was necessary to assist these people. Approximately a year later there was a death in the family back home, and the husband left Cleveland. If he could find something to do back on or near the reservation, he intended to leave the city and return home. After he had spent a week or so on the reservation, he came back to Cleveland, entered the office and said, "There's nothing for me at the reservation. I think I'll stay here. I'm beginning to like it." So it is possible, with the combined efforts to many people, to assist some of these people who are truly culturally disadvantaged.

SECTION III

REPRESENTATIVE REHABILITATION PROGRAMS FOR THE CULTURALLY DISADVANTAGED

THE PRUITT-IGOE PROJECT

Jerry Finley

I wish to begin by citing a few statistics relative to the Pruitt-Igoe Housing Project. In the summer of 1956, four square blocks of the worst slum housing in the city of St. Louis were replaced by thirty-three eleven story apartment buildings with a capacity of 2,870 families or approximately 13,000 tenants. As of September, 1966, there were 10,556 tenants comprising 2,168 families residing in the Project. Seventy-three per cent, or 1,582 families, had gross incomes below $3,500. Sixty-two per cent, or 1,347 families, were receiving welfare. Sixty-seven per cent, or 1,450 families, were without male heads of household. The average family size was 4.9. Of the 10,556 tenants, 4,890 are females and 4,666 are males. Over the age of twenty-one there are 2,910 tenants of which 633 are males. The median age for the male is eleven and for the female thirteen.

Pruitt-Igoe has gained national recognition as the example of ghetto deprivation. The concept of Pruitt-Igoe has become synonymous with "Survival in a Concrete Ghetto." Families, as many of us think of them, generally do not exist within Pruitt-Igoe. There are no substantial number of male disciplinarians, male decision makers, or fathers living with their family. At the age of eighteen, the male in Pruitt-Igoe has to move out or the family will lose its subsistence allowance from public assistance.

DEVELOPING THE PROJECT

Vocational Rehabilitation became a part of Pruitt-Igoe in July, 1963. This was the result of efforts by a Joint Task Force established March 15, 1962, by the U. S. Department of Health, Education, and Welfare and the U. S. Public Housing Authority. A major objective of the Task Force was the creation of research and demonstration projects to show what could be accomplished by providing a wide range of services through federal, state, and local action. This included our project in St. Louis as well as others in Pittsburgh, New Haven, Connecticut, and Cleveland.

The demonstration projects were to increase the provision of physical, educational, social, and employment services to a group of disadvantaged families which would result in benefit to the families, the community, and the nation. Hopefully, this would also help improve social behavior and reduce financial dependency and adult and juvenile delinquency.

In July, 1963, we received a five-year Research and Demonstration Grant to provide services using a concerted family-centered approach to the disadvantaged. We were allotted $60,000 annually for case services, and our staff consisted of a director, two counselors, and two secretaries. The eligibility requirements for clients were those used in all Missouri Division of Vocational Rehabilitation offices. However, a six-month follow-up period from the time of employment to the time of being closed as rehabilitated was stipulated for each case in contrast to the one-month follow-up period used by the Division of Vocational Rehabilitation.

Referrals were made to our project through the Pruitt-Igoe Welfare office, and clients or members of their immediate family had to be recipients of assistance. By the end of the second year, we were able to provide services to any resident of the Housing Project.

In the four years since our beginning, we have received 850 referrals (225 males, 625 females). Three hundred and fifty-six cases were closed during evaluation, sixty-nine were closed after they received services but were not rehabilitated, and 164 were closed as rehabilitated. Two hundred and seventy-four are at present receiving services of which seventy-five are employed.

ASSESSING PROJECT OUTCOMES

At this time a comparison between the first three years and the fourth year is in order. During the first three years we processed 122 cases. Fifty-eight were closed as not rehabilitated and sixty-four were rehabilitated. In the fourth year alone we processed 111 cases, eleven being closed as not rehabilitated and 100 as rehabilitated. The average cost of the cases closed during the first three years was $101 for cases not rehabilitated and $201 for those closed as rehabilitated. In the fourth year we spent an average of $209 on the cases closed as not rehabilitated and $429 for the cases closed as rehabilitated. The average earning of these 100 cases was $56.20 a week, which is slightly higher than the average of the state vocational rehabilitation agency. This explodes the myth that the welfare client is of poorer rehabilitation quality than our "normal" clientele.

Several factors have remained fairly constant during the four years when we compare the clients who have not been rehabilitated with those who have been rehabilitated. The tendency was for the client who was not rehabilitated to have had fewer than two dependents while the rehabilitated client had more than two dependents. The average educational level of all clients was 8.8 and over 60% had no previous work experience.

ACCEPTING THE CLIENT

As mentioned by previous speakers, if we are going to serve the disadvantaged client, we will have to demonstrate our eagerness to serve him. This begins the day the client walks into the office. He should be greeted by a friendly receptionist and made welcome while he waits to see the counselor. Enthusiasm and acceptance are the seeds that have to be nurtured. I have not yet seen a client walk into our office bubbling with enthusiasm and "go power." This is something that must come from the counselor. The counselor who is optimistic and enthusiastic in his initial reception of the client wins a major portion of the battle, insofar as being able to establish rapport with the client.

In our office the client is seen immediately by a counselor. He is invited to actively participate that very day by obtaining a medical examination to find out what he can physically do instead of being told: "we need this for our records." He also is given a bus pass on a loan basis for transportation to and from the doctor's office or clinic.

EVALUATING THE CLIENT

The clients usually come to our office wanting a job which pays $100 a week, is close to the project, and lasts from 8:00 to 5:00. Communication is the tremendous barrier here. The concept of $100 a week usually must be dropped to $1.40 per hour. Most clients usually are ready to leave their apartments about 8:00 a.m. and expect to return home before 5:00 p.m. Few have considered the development of an adequate child care plan.

By and large counselors have been trained to depend upon testing to find possible solutions to the client's problems. Most of our present tests indicate that our clients don't fit into any established occupational patterns. Intelligence tests also indicate moderate retardation and a low level of mental achievement. These tests tend to picture the client as he is now and should not be used as criteria for achieving success in a rehabilitation program. Counselors are not able to communicate with clients or determine the type of services needed by relying heavily upon test results.

Perhaps we are handicapped by our educational sophistication, especially in working with the culturally disadvantaged. If we have any stereotyped concepts or feelings of animosity toward someone, the other person picks these up quickly. This is the type of self-awareness or intuitiveness that counselors must begin to "tune in on" in order to build a good client-counselor relationship. If the client does not appeal to the counselor, why not? Does the client have a strong body odor? Do he appear as if he doesn't want to work but is looking for a handout? These conditions must be altered if a personnel manager is going to hire the client; and until our counselors begin to see the more positive side of the client, our services aren't really being offered. The counselor must work just as hard in these distasteful areas rather than ignore them and seek only to provide training and other services. We ignored these areas during our earlier years and as a result achieved little success.

The counselor has to determine what the clients mean by what they are saying and doing. What is meant by the term work? What are the "reality" barriers to employment? The counselor's role demands that in many cases he check into child care arrangements, police records, and work closely with several other agencies or programs. The role of the rehabilitation counselor is to see that all of these interested groups understand each other's roles in dealing with the client. It should not make any difference which organization plays the dominant or supporting role in a group-staff situation. In assuming the supporting role, we receive more cooperation and a freer interchange which benefits the client. The point is that a client, agency, caseworker, or any other interested person should feel a right to express his opinion as to how we might better serve the client. The one way we can really improve our program insofar as the client is concerned is by hearing and listening to such constructive criticism.

In our project we allow the client to enter the evaluation or training program that he is most interested in. Instead of seeking a test score as criteria for selection, we allow the client to start toward his goal through experience in a structured or controlled situation. For example, we use a three-week evaluation or an entry level, short-term training program in order to give the client a chance to succeed. Through this approach the client has an immediate opportunity to earn a weekly income. We arrange, through the trade schools, for the client to receive his maintenance and transportation on a weekly basis as he earns it. This is not charity or a state gift. The client feels that he is the one who is paying for his training and realizes his own importance. The counselor is providing a blank check. The client, hence, feels that the amount and the payee are items for him to decide upon. The counselor in reality retains the power and final professional judgment but must influence the client's decisions rather than make the decisions outright. This type of flexibility is built into the rehabilitation program, and we as supervisors should continually stress this inherent philosophy.

This same flexibility is not a part of other mass training programs. These mass programs create situations where the client "must do--or else." Courses are automatically terminated if the client is absent for three days. Some clients now tell me that they must enroll in basic education whether they want this or not and whether or not it is really necessary to get into an immediate job opening.

During the evaluation and training stage, our counselor contacts the client and evaluator within the first day or two of the program. This enables the counselor to verify his communicating success. Did the client really have enough money to get there? Was the baby sitter really reliable? Did the client really know where, when, and how he was to go?

Our counselors also have proved that the client's chances of success are increased if the counselor is able to visit the client at the training facility during the early stages of the training program. The client becomes aware of the counselor's personal concern and of his own self-worth. If the client is not functioning at the necessary level, the counselor has the opportunity to re-appraise the needs of the client and possibly provide alternative methods for dealing with the problem.

The number of cases that can be assisted in this way is reflected in the number of cases that have been rehabilitated during the last year. The main drawback in this display of interest and concern is that a counselor becomes involved with the various facets of a client's life. This presents several problems. First, the counselor must have a caseload of reasonable size, and second, the counselor must not lose his objectiveness toward achievement of the client's vocational goal.

EMPLOYMENT

Assuming that the counselor has done a good job and the problems which occurred have been successfully dealt with, employment is no longer a farfetched, unattainable goal. If the client has shown even a slightly positive attitude during the evaluation or training phase, the school will be successful in assisting the client in finding a job. If something prevents immediate placement, the counselor must employ his own skills because this client will come back to him wanting a job now that the training has been completed.

There are several placement techniques that our counselors have used successfully. One is the use of previous employers. Due to the six-month follow-up period after a client's employment, our counselors have gained the confidence of previous employers who are now willing to employ additional help or refer the client to another employer who has job openings.

Another successful method has been where the client will contact the counselor because the client has heard of a job vacancy and wants to help the counselor. This may sound a little melodramatic, but it does pay dividends. This request is also made of the clients who are job hunting and are calling us with job openings that they find. This has helped several clients in achieving some personal success even though it wasn't in finding a job of their own.

Another technique is one that we adopted from a presentation by the Minneapolis Rehabilitation Center. We pinpointed on a large city map over one hundred employers in eight different job categories such as nursing homes, hotels, laundries, hospitals, and so forth. The counselor and client are able to map out a route that will enable the client to accomplish several employment interviews with a minimum of wasted travel time. The counselor usually gives the client a card to write down who interviewed him, what happened, and what other jobs were available.

It is necessary to do interview role playing to help some clients. Under a little stress during this process, the client will often indicate the real reasons why he failed to get a job in the past. The best example was a client who had been trained as a hospital maid and was verbally excited about going to work. After we were well along in the interview, I mentioned the types of things that I wanted her to do. The woman reached for her back and said, "I can't lift over a half pail of water." She went on emphasizing her frailty. We had been working with her for almost a year and this was the first time this had come out. She hadn't complained during training nor was there any medical evidence of this problem.

CLIENT PROFILE

To provide you with further information on the type of clients we are dealing with at Pruitt-Igoe, I would like to relate a profile of a client. She is an unmarried, Negro client in her early thirties with an eighth grade education and three children. We will give her the imaginary name of Barbara.

Barbara came to St. Louis from Mississippi as one of the many thousands of Negroes who travel north in search of a better life. Her neighbors in the huge steel and concrete apartment buildings at Pruitt-Igoe have migrated from Mississippi, Tennessee, and Arkansas and have been in St. Louis for the past five years. The others are from the St. Louis area, having shifted their residence to Pruitt-Igoe in the wake of urban renewal and slum clearance projects which eradicated the old slums. Barbara was not legally married to the father of the children, but this makes little difference. If she had been, she would probably be separated or divorced by now. She was referred to the Pruitt-Igoe Vocational Rehabilitation Project by the State Division of Welfare and because she heard about it from a friend. The main means of her support before she was rehabilitated was public assistance. She drew an average monthly welfare check of approximately $116. She and her children were able to survive on this amount because Pruitt-Igoe is a low rent, public housing project. But even so, the family lacked more than money. Barbara came to the Pruitt-Igoe Vocational Rehabilitation Project with considerable anxiety. Her life in St. Louis had been full of frustration, perhaps more than she had ever experienced before, although life had not been easy in Mississippi. She had passed through childhood and adolescence with a fairly clear, if not enviable, identity. This identity had gradually dissolved in the turmoil and flux of the urban area. She was surrounded at Pruitt-Igoe by ten thousand people, which was more than the population of the town where she had been born and reared. The enormity of the housing project and the metropolitan area which closed in on her from all sides overwhelmed her. She was fearful that her adolescent daughter would become pregnant and that her sons would get into trouble with the police as had some of the children of her neighbors. Thus, she rarely left the crowded ghetto and knew virtually nothing of the city outside.

About three and one-half month's time elapsed between the time Barbara was referred to vocational rehabilitation and the time her case was accepted for services. In the interim, she was provided a general medical examination and was given an IQ test by her counselor. Having scored low on the WAIS test, she was ruled eligible for vocational rehabilitation services on the basis of mental retardation. The vocational rehabilitation counselor who administered the test was convinced that Barbara was not mentally retarded. The counselor was aware that he had used a testing instrument designed for the white middle class, an instrument for which Barbara was not prepared because of her background. But the counselor faced a problem. His agency would not accept cases on the basis of cultural deprivation alone. A physical, mental, or emotional handicap must be shown, and the physician who examined Barbara found no physical impairment. Although Barbara showed some symptoms of anxiety, there was no indication that she had a substantial psychiatric disorder. Thus, the counselor used the WAIS to bring Barbara within the framework of agency eligibility requirements. Her real vocational handicap was her lack of education, in both quantity and quality, her very limited work experience, and isolation from the mainstream of cultural attitudes and habits. Barbara did not at first accept the idea of vocational rehabilitation with enthusiasm. Her reaction was somewhat passive and negative. Because her counselor had had experience with similar cases, he was able to get beneath her surface reactions and successfully encourage her to talk about her problems. Barbara was anxious about being away from her children, which would be necessary if she were employed. She was also fearful that the earnings from employment which she might obtain would be less dependable than her welfare check. Her vocational counselor knew that verbal reassurance would fail. He began to work on specific solutions to her problems while gradually encouraging her toward the goal of employment. The counselor arranged a three-week vocational evaluation. First, however, he helped Barbara arrange day care for her children and activities to occupy the time of her teenage daughter. This required the assistance of several other social service organizations which worked cooperatively within the project. The three-week evaluation helped reduce Barbara's anxieties. She realized it was possible for her to be away from the housing project during the day without having to worry about her children. It also brought her out into the community for the first time and helped her to think objectively about the advantages of working. She began to take a greater interest in her personal appearance, and her record at the vocational center indicated that she was reasonably prompt, courteous, and cooperative and that she had a good chance for success in employment.

Barbara's counselor did not rush her into full-time employment. Instead, he let her set her own pace, knowing that too much pressure could ruin her rehabilitation plan. At first Barbara worked in a nursing home two days a week producing earnings which did not threaten the loss of her public assistance. A new way of life was emerging. The additional income meant better food and more clothing for the family. Barbara took pride in her job and the uniform she wore. This uniform seemed to restore some of the identity as a person which had been lost years ago. A few months later, she quit her job at the nursing home to take a better-paying job at a large hospital. She was working full time when her case was closed as rehabilitated seventeen months after she came in for rehabilitation services. Her annual income is just over $2,900.

STATISTICAL SUMMARY OF ACTIVITIES THE PAST FISCAL YEAR

Of the 100 rehabilitated cases, seventy were female and thirty were male. Their average age was 31.7 years, and they had received 8.1 years of education. Thirty-eight were single, twenty-seven separated, eleven divorced, and twenty-four were married. Forty-seven were found to be eligible because of mental retardation. As we have noted, probably no more than seven were retarded except from a functional or social point of view. Other common disabling conditions were obesity and hypertension. Ninety-one of the 100 rehabilitated cases were placed in competitive employment, three in sheltered workshops, and six became homemakers. Before they were rehabilitated, 51 of the 100 cases were receiving public assistance in the amount of $5,942 a month. After rehabilitation, only thirty of our former clients were receiving public assistance, and the amount had been reduced to $3,700 a month. Vocational rehabilitation enabled the 100 rehabilitated persons to attain a collective annual income of $268,424. To accomplish this, the counselors averaged more than eighteen separate contacts with the client during the period from referral to closure. The rehabilitation process cost the taxpayers $429 per case.

What we did not accomplish was to produce any significant change in the client's social position. Although a few achieved more, most remained near the bottom of the socio-economic ladder. What was done must be evaluated from an individual viewpoint, that is, what gainful employment means to the former clients and their children.

CONCLUSION

In conclusion, vocational rehabilitation services have not been provided Pruitt-Igoe clients in the traditional sense. Little money has been spent for physical restoration, and most of our treatment or therapy is not listed as such, but is in the form of supportive therapy during the evaluation and training phases. Few cases have been severely physically handicapped, nor is the incidence of severe mental disorders great.

This morning I saw a sign on one of the desks here at the college which read: "I am not frustrated with today's problems. I have not yet solved yesterday's." Maybe this is where we are in vocational rehabilitation today. This new problem of social and cultural deprivation is here today. We have the flexibility and the ability to deal with it. Thus, it is up to administrators and counselors to decide if they are going to challenge today's problems.

THE MINNESOTA RAMPAC PROJECT

Earl Brunberg

INTRODUCTION

Several emerging and converging events led to the development of the Ramsey County Public Assistance Clientele (RAMPAC) project. Increased national attention was being paid to the problems created by dependency on welfare and the paradox of rising welfare costs in an expanding economy. This interest led to the passage of the 1962 amendments to the Social Security Act encouraging efforts by local welfare departments to seek ways to reduce dependency. In Minnesota, the State Welfare Department was in the process of reorganizing their county welfare departments in an effort geared to give the most casework assistance to needy families. Leading the way in this reorganization was the Ramsey County Welfare Department who, years earlier, had participated in the very significant studies carried on by the Hill Family Foundation, which was to be the foundation of this reorganization. Thus, the stage was set for the Ramsey County Welfare Department to become involved in this sort of project.

In 1962 the St. Paul District Office of the Minnesota Division of Vocational Rehabilitation was assigned a part-time liaison counselor to serve referrals from the Ramsey County Welfare Department and to coordinate services to welfare recipients. The task eventually demanded the counselor on a full-time basis. Concurrently the Rehabilitation Services Administration was developing and implementing a series of selected demonstration projects designed to rehabilitate welfare clients.

These trends converged in early 1963 with a series of planning meetings between the Minnesota Division of Vocational Rehabilitation staff and key staff members at Ramsey County Welfare. Many planning meetings were held, and eventually an application for a selected demonstration was developed. In the course of securing the needed advice and cooperation for such a project, additional meetings were held. As a result, changes were made in project design. Subsequent to this, matching funds were sought and obtained from the Hill Family Foundation for the state matching share of the project. With concurrence on the part of all parties involved, the project was launched on July 1, 1963.

OBJECTIVES OF THE PROJECT

Through the course of the meetings and discussions prior to the start of the project, the goals of the project were discussed in considerable detail.

It was decided to gear the project towards that welfare client not currently considered for vocational rehabilitation--the individual who had a very real job handicap but who might not have what was usually thought of as a "disability." In other words, the plan was to provide the usual pattern of vocational rehabilitation services to a new group of disadvantaged persons, the chronic dependent. Corollary to determining the feasibility of providing vocational rehabilitation services to this group, several other objectives were developed. They were as follows:

1. To demonstrate the effectiveness of vocational rehabilitation techniques in returning to work (rehabilitating) the chronically dependent welfare recipient.
2. To develop procedures and guidelines for a fuller utilization of the Ramsey County Welfare Department's work relief program as a therapeutic tool in helping dependent persons return to work.
3. To attempt to utilize techniques of group counseling in working with chronically dependent persons.
4. To develop administrative guidelines so that similarly situated welfare and rehabilitation agencies will have some idea of the administrative needs and problems in returning dependent welfare recipients to work.
5. To develop and nourish a greater degree of understanding and acceptance of the role of rehabilitation counseling and social case work in the rehabilitation process.

METHODOLOGY

Methodological considerations centered around the manner in which clients were selected for services, the staffing used for this project, and the services provided to the project clients.

A different method of selection was used during each of the three years of the project. The first year (1963-64) clients were selected randomly from case roles at the Ramsey County Welfare Department. At the end of the first year, this approach was found to yield a higher percentage of women than expected. Also, the procedure for selecting the cases was very cumbersome and time consuming. Therefore, for the second year, a pre-screened referral system was developed using the employment coordination committee. This committee was composed of Ramsey County Welfare Department representatives, Division of Vocational Rehabilitation staff, and other interested parties. Welfare recipients needing vocational services were reviewed by this committee which made recommendations for a vocational services plan. This committee acted as a pre-screening resource for the project and served as a useful vehicle for introducing the counselor and the caseworker who would be working on the case. For the third year of the project, a similar pattern of client selection was used, with the addition of an intensive program of orientating caseworkers to the project and vocational rehabilitation services. Some referrals were made directly from caseworkers to the project.

This final method, a combination of pre-screening with provision for some direct referrals, was found to be most satisfactory.

PROJECT STAFF

The project staff included two vocational rehabilitation counselors, a vocational adjustment coordinator (VAC), and two clerical positions. Originally, it was thought that the two counselors might specialize according to difficulty of the case; however, this was found to be unworkable. The position of the VAC was also an experiment designed to provide for better coordination between the Division of Vocational Rehabilitation and the Ramsey County Welfare Department. It was found that some sort of position of this nature was most helpful, but there was some question as to whether it needed to be of professional status. It might be feasible to train a case or counselor aide for the duties performed by this person. Clerical personnel were vital to the smooth function of the project. This project was most fortunate in having the services of several excellent secretaries. A major problem with respect to staffing was staff retention. Counselor turnover on this project was very high, inescapably affecting the final results. Salary was a major consideration in reducing turnover, but it was not the only factor. Counselors must find challenge, stimulation, and satisfaction from serving this particular group.

REHABILITATION SERVICES

The full range of vocational rehabilitation services was provided to those individuals accepted for services. It was found that the same services provided other vocational rehabilitation clients were needed by welfare recipients as well. Counseling was, as expected, needed by all project clients. It was found that in providing counseling the counselor needed to be aware of the special needs of this group of clients. In addition, he needed to be more direct, straight forward, and conversational in his communications.

The services of rehabilitation facilities and sheltered workshops were used by the project staff and were found to be of significant value. One problem noted, however, was that delays in entering a program were not well tolerated by welfare recipients. Some clients lost interest when required to wait more than a few days. A similar problem was noted with respect to vocational training.

RESULTS OF THE PROJECT

The results achieved by the project were encouraging and enlightening, but they were not without elements of caution. From the standpoint of providing vocational rehabilitation services to a new group of clients (chronic dependent welfare recipients), the project was at least as successful as other demonstration projects. Three hundred and fifty-four individuals were selected for services by the project staff. One hundred and fifty-seven were actually accepted for vocational rehabilitation services, and fifty-five were ultimately rehabilitated. The staff estimated that of the seventy-five cases continued into regular vocational rehabilitation caseloads at the end of the project, thirty additional cases would be rehabilitated in the future. Thus, our estimate is that eighty-five or 21% of the 354 selected have been or will be rehabilitated. This percentage is greater than the percentage of welfare referrals rehabilitated in the balance of the Minnesota Division of Vocational Rehabilitation. In addition to the eighty-five who have or will be rehabilitated, the cases of nineteen women were closed as homemakers after having initiated a rehabilitation plan.

The results of the project were sufficiently convincing to persuade the Minnesota Legislative Advisory Commission (an intermediate commission of the Minnesota Legislature) to add two positions to the permanent staff of the Minnesota Division of Vocational Rehabilitation to carry forward the work started by the project. These positions were effective at the conclusion of the project on July 1, 1966.

Work Relief Program

The work relief program was found to be a helpful tool in the vocational rehabilitation process. This program gave valuable information used in evaluation of the client and also provided a means of training in the elementary elements of work. There are ways, however, in which this activity can be strengthened so that it might contribute even more. It was suggested that a research and demonstration project involving the development of closer ties between work relief programs and the sheltered workshop movement might have much mutual benefit. Work relief is a very special form of sheltered work. Thus, the two activities could gain much by closer liaison and a sharing of the concepts of each program.

Group Work

No progress can be reported on the project objective dealing with group work since we were unable to obtain a group worker. This was very unfortunate because the purpose of this area was to stimulate, motivate, and help the client in learning effective job-seeking methods and selection of a vocation.

Administrative Guidelines

Administrative guidelines were developed and, after the conclusion of the project, are being followed. It was recommended that a "Vocational Services Committee" be the central focus of cooperation between the welfare agency and the vocational rehabilitation agency. This committee should consist of administrators and workers in each agency and can act as a useful prescreening device for vocational rehabilitation referrals. It can also serve an important function in acquainting caseworkers and counselors working on the same cases. Staff specialization for vocational rehabilitation is considered very desirable, as counselors specializing in serving this group develop sound inter-agency relationships and a core of experts that are hard to come by any other way. Contrary to the findings in other selected demonstration projects, it was found that the vocational rehabilitation counselors were best located in the office of the Division of Vocational Rehabilitation, providing that they maintain adequate office hours in the welfare department. This project had an unique opportunity to try both methods and discovered problems of identification when the counselors were located in the welfare department. This identification problem had to do with the identification of the counselor and the identity which the Division of Vocational Rehabilitation agency assumed when located within the welfare department.

Subjective judgments of those parties most closely connected with the project suggest that substantial progress was made, at least in the area involved in this project, toward a more meaningful understanding of the role of case work in the vocational rehabilitation process. Also, we felt that case workers had a better understanding of the role of vocational rehabilitation counselors. Evidence for this lies in more appropriate requests for service and referrals among the professionals. Counselors and case workers tended to view each other in less stereotyped ways at the conclusion of the project.

Other factors relative to the project are reported in the Tables 1-16 in the Appendices.

CONCLUSION

In terms of the future, there is little doubt that vocational rehabilitation can contribute its resources to the rehabilitation of welfare recipients. Before it can do this, however, there needs to be a clearer understanding of the roles of the Division of Vocational Rehabilitation in comparison with the Work and Training projects funded under title V of the Economic Opportunity Act. At present there is more overlap than seems necessary or desirable, thus obviating some of the motivation for cooperation and coordination.

TABLE 1

THE "TYPICAL" REHABILITANT FROM THIS PROJECT

RESPONSES
Had never received vocational rehabilitation services
Was mentally retarded or suffered from an emotional illness
Was 34 years old when accepted for services
Had completed some high school
Was married
Had a family of 4
Had not worked for 5 years, if at all
Completed his vocational rehabilitation services in 18 months
Received medical and vocational diagnosis, counseling training, maintenance and job placement assistance in the course of his vocational rehabilitation
Was receiving $160 per month in Public Assistance when he was accepted for vocational rehabilitation services
After services were provided, earned $65 per week, in either a service or clerical job

TABLE 2

PREVIOUS SERVICE BY THE DIVISION OF VOCATIONAL REHABILITATION

RESPONSE	NUMBER
Had previously received vocational rehabilitation services	3
Had not previously received vocational rehabilitation services	52
TOTAL	55

TABLE 3

AGE OF REHABILITANTS AT ACCEPTANCE

AGE	NUMBER
Under 21	6
22 to 30	21
31 to 40	18
41 to 50	5
Over 50	5
TOTAL	55

Average age - 33.2
Youngest - 17
Oldest - 57

TABLE 4

SEX OF REHABILITANTS

SEX	NUMBER
Male	26
Female	29
TOTAL	55

TABLE 5

SIZE OF FAMILY, INCLUDING SPOUSE & CHILDREN

SIZE	NUMBER
1 or 2	20
3 or 4	15
5 or 6	12
7 or 8	3
9 or 10*	5
TOTAL	55

*Largest family - 10

TABLE 6

SECONDARY DISABILITIES*

DISABILITY	NUMBER
Mental or emotional illness	17
Mental retardation	10
Back disorders	5
Speech and hearing disorders	4
Arthritis	2
Other orthopedic disorders	2
Diabetes	1
Alcoholism	1
Amputation	1
Miscellaneous, N. E. C.	3
TOTAL	46

Continued on next page

TABLE 6 CONTINUED

*Chronic dependency was defined as the major disability for all project clients. This disability was established by medical, psychological, social work, and psychiatric reports. The disabilities listed here are those that were identified in addition to the major disability of chronic dependency. Forty-six of the fifty-five rehabilitants had disabilities in addition to chronic dependency. This is an unduplicated list, as there were some individuals with combinations of the disabilities listed above.

TABLE 7

NUMBER OF YEARS SINCE LAST EMPLOYED FULL TIME

YEARS	NUMBER
Less than 1 year	8
More than 1 year, under 3 years	11
More than 3 years, under 5 years	8
5 years or more	17
Never worked	11
TOTAL	55

TABLE 8

MARITAL STATUS

STATUS	NUMBER
Married	23
Single	13
Divorced	13
Separated	3
Remarried	1
Widow - Widower	2
TOTAL	55

TABLE 9

HIGHEST GRADE IN SCHOOL ATTENDED

GRADE	NUMBER
Up to 5th grade	3
6th, 7th, or 8th grade	15
9th, 10th, or 11th grade	16
High school graduate	19
Some college	2
TOTAL	55

TABLE 10

LENGTH OF TIME ON VOCATIONAL REHABILITATION ROLES*

TIME	NUMBER
Up to 10 months	14
11 to 15 months	12
16 to 20 months	2
21 to 25 months	12
26 to 30 months	10
31 to 36 months	5
TOTAL	55

Average length - 18.3 months

*The length of time a project client received vocational rehabilitation services was measured from the date he was referred to the agency to the date that his case was closed as rehabilitated. Since the project lasted but 3 years, the maximum length of time possible was 36 months. Seventy-five persons were still receiving services at the termination of the project.

TABLE 11

OCCUPATIONS OF REHABILITANTS AT THE TIME OF CLOSURE*

OCCUPATION	NUMBER
Service occupations	17
Clerical and office occupations	13
Skilled trades	10
Semi-skilled, unskilled work	11
Sheltered work	1
Miscellaneous, N. E. C.	3
TOTAL	55

Continued on next page

TABLE 11 CONTINUED

Homemaker closures are not included in "Rehabilitated" statistics but are included in the initial 354 referrals. These closures total	19
TOTAL REHABILITANTS INCLUDING HOMEMAKERS . .	74

*For the sake of brevity and simplicity, the occupations of the rehabilitants were compressed into these major areas. The occupations were most varied, including some unusual ones, such as "ham boner" and "donut machine cleaner." This list is somewhat misleading since it does not include those persons who will have completed college or their longer-term training by the time their cases are closed.

TABLE 12

PATTERNS OF VOCATIONAL REHABILITATION SERVICES: NUMBER OF PERSONS RECEIVING THE SERVICE INDICATED

SERVICES	NUMBER
Medical and vocational diagnosis	55
Vocational counseling	55
Job placement assistance*	55
Training - all types	31
Maintenance and/or transportation	24
Rehabilitation facility evaluation	5
Sheltered workshop: personal adjustment training . .	1
Surgery - hospitalization - prosthetics**	0
Other services	2
No services other than first three listed above . . .	23

Continued on next page

TABLE 12 CONTINUED

* Includes direct job placement, indirect job placement, development of job leads, referral to job placement resource, and other related services.

**Medically related services are available in large measures through the welfare departments and were provided by the Ramsey County Welfare Department in some cases.

TABLE 13

AMOUNT OF PUBLIC ASSISTANCE BEING RECEIVED AT ACCEPTANCE

AMOUNT	NUMBER
Under $100 per month	16
$101 to $200 per month	19
$201 to $300 per month	11
$301 to $400 per month	1
Over $400 per month	1
No public assistance received	7
TOTAL	55

Average Grant - $160.58
Highest Grant - $453.00
Lowest Grant - $ 17.00

Total monthly public assistance cost for these 55 clients: $7,705.00

TABLE 14

NET SAVINGS IN PUBLIC ASSISTANCE COSTS, FROM CASE ACCEPTANCE TO REHABILITATION

	AMOUNT
Total monthly public assistance costs - 48 clients at case acceptance	$7,705.00
Total monthly public assistance costs - 4 clients at the time cases were closed as rehabilitated	580.00
Net savings in public assistance costs per month	$7,125.00
Net savings in public assistance costs per year	$85,500.00

TABLE 15

EARNINGS AT ACCEPTANCE AND CLOSURE - 55 REHABILITANTS

EARNINGS		
Earnings at Acceptance		
NO individuals were earning wages when they were accepted for services		
Weekly Earnings at Closure		
Up to $25 per week	5	
$26 to $50 per week	12	
$51 to $75 per week	21	
$76 to $100 per week	14	
$101 to $125 per week	3	
TOTAL	55	
Average Earnings at Closure for 55 Rehabilitants		
Average weekly earnings		$ 65.00
Average monthly earnings		281.00
Average yearly earnings		3,380.00
Total Earnings at Closure for All 55 Rehabilitants		
Total weekly earnings.		$ 3,600.00
Total monthly earnings		15,600.00
Total yearly earnings		187,200.00

TABLE 16

NET ECONOMIC GAIN RESULTING FROM THE REHABILITATIONS

Savings in public assistance grants	$ 7,125.00	$ 85,500.00
Earnings	$15,600.00	$187,200.00
TOTALS	$22,725.00	$272,700.00

REHABILITATION PROGRAMMING FOR INDIANS IN SOUTH DAKOTA

Charles Geboe

I would like to discuss the project I was associated with at the University of South Dakota, which was one of three centers in the nation that provided technical assistance and training to community action agencies for Indians. The University of South Dakota, University of Utah, and Arizona State University were responsible for helping all of the federally recognized reservations in the United States except Alaska.

USE OF AIDES IN WORKING WITH THE INDIAN

We encountered many of the same problems faced by other agencies trying to cooperate and work with the Community Action Program in training people who have limited educational backgrounds to become aides. I am a very firm believer in this aide concept in working with the Indian people. This would be applicable to any group that lives in a disadvantaged area. It is a vicious circle because in many cases professionals are not able to get to the heart of the problems. They are able to discuss and deal with it, but they have a difficult time communicating with the culturally disadvantaged people from various communities.

I will try to stress two main ideas. First of all, realism within a training program is paramount. To actually understand people's frustrations and the problems they face, realism is needed on the college level. Some counseling programs get too involved with the academic portion of training and not the realistic portion of working with people, thus wasting time and money. Therefore, an innovation in the training program is needed because the counselor has to have some empathy and understanding of the problems faced by the client. One problem especially true of Indians is the constant pressure to change--the idea that the things they believed in for such a long time are no good. However, education could combat this feeling of having to change.

Secondly, it is equally important to have people try to solve their own problems. Community action programs create local involvement which helps to fill the gap between the professional and the client. People have to feel involved and that they are assisting in the resolution of the problem.

The aide concept, especially that of teacher aides, is a very good means of getting people involved. Pilot programs have proven rewarding because of mere involvement. The first time teacher aides are able to see from the other side of the desk, they realize the role of the teacher and the value of an education. Up to that point, we were always talking to people about the value of an education but never gave them a real reason other than everybody has it and it is necessary in order to get ahead in this world. An aide program of this type, where you are involving people irregardless of their educational background, enables them to get a first-hand glance at what an education can do. We have found on many reservations that people are now becoming interested in extension courses, adult education courses, and going to college. This is something new to us because we have been trying to sell this idea to Indian people for so long and have had very limited success with it.

In working with the aides in our training programs we felt that the following steps had to be taken. The aides have to have the experience of having a job and receiving a pay check regularly. They were to meet some of the responsibilities of the job, i.e., working eight hours a day, five days a week, earning annual leave, and so forth. We put them in an informal classroom situation in our training courses. It was not a lock-step system where the bell rings at two o'clock and you forget about the area you are talking about and go into the next one, but it was very flexible. The training courses were brief, and no one was kept over two weeks. Eventually, we moved from the setting of a college campus to the reservation area. We conducted training out in the field and made heavy use of other non-professionals from other reservations. We trained first aid instructors and had them certified. Then we used them as consultants to train other people on the reservations. After accomplishing this, they were ready to start looking for an established educational institution where they have to go to school.

Of course, we ran into a lot of roadblocks because in our society we are very strong on the idea of credentials. You can't do anything for anyone else unless you are a professional. People who are on the low rung of the ladder never get a chance to participate. Consequently, the major problem we face in dealing with poor people is the loss of hope. However, due to community action, I have noticed on reservations that there has been such a change that the reservations are never going to be the same again. From the time the Federal government contacted the tribe and told them they would be financially and administratively responsible for this program, the people themselves were able to participate and become involved, thus giving them hope. After the initial work of the people themselves and a professional's finishing touch, the program was developed. They were able to feel that they were contributing something to the project.

RECOGNIZING THE POTENTIAL OF THE INDIAN

Many of the concepts that we have according to what people can and cannot do limit us tremendously. For example, we started a credit union on one of the reservations and people thought we were crazy because Indians don't save money and practically all of them are on welfare. Before they had their charter they had 150 people signed up, and each one contributed five dollars to buy his first share. Now the amount that they have been able to save has increased to twenty thousand dollars.

So there are many times when we are working with groups of people and we aren't willing to accept their potential. There are a lot of things that they can do, but they have to be allowed to do them.

COMMUNITY ACTION PROGRAMS

Even though there have been problems with the community action programs in many areas, the most successful segment has been on the reservation. We have been able to develop all types of short-term employment. This fall we are setting up an Extension Center at Black Hills State College in the town of Pine Ridge on the reservation. Hopefully within the next year we will have established a center with classrooms. Also, they would like to develop sub-centers out in the various communities where they might offer one course for a group of people. An extension was started at Eagle Butte last year, and hopefully it will be expanded so adult education courses can be offered. We are now in the process of reviewing our teacher training program at Black Hills State College. We plan to assign a practice teaching student to an aide on a reservation. Part of the practice teaching time will be spent visiting the community with this aide and watching him operate. In this way the exposure of the student is not just simply picking up the prejudice of the teacher to some extent, but also being able to look at both sides of the picture. We are looking at a Job Corps Center that we have in South Dakota with the idea of developing some internship programs.

CONCLUSION

In closing I would just like to tell you a story. When we talk about trying to set goals for people, we are too shallow in our approach to people in trying to rehabilitate them. In one of the reservation communities there was a fellow walking down the street who saw one of his friends whom he hadn't seen for quite a while. He went up to him and asked, "Joe, golly, where have you been? I haven't seen you for such a long time." Joe looked down at him and said, "Well, IIIIII've bbbbbbbeen gggggoing tttttto a sssssccccchhhoooool." His friend said, "Joe, what kind of school have you been going to?" "Wwwell, IIIII've bbbbeen gggggoing tttto ssssssccccchhhool fffffor sttttutttttterrrringgggg." His friend said, "Well, Joe, that's great. Did you learn anything?" "Wwwwell, IIIIII lllearneddddd hhhhhow ttttto sssssay 'Peter Piper picked a peck of pickled peppers.'" "Joe, he said, "that's marvelous!" "YYYYYesssss, bbbbbut ttthere aaaaare dddddammmm fffffew cccccccconvvvvversssssations yyyyyou cccccan uuuuuse iiiit iiin." So sometimes I wonder how in depth we are with our training programs.

REHABILITATION PROGRAMMING IN RURAL AREAS

Richard Lee

INTRODUCTION

I have been charged with the responsibility of informing you of rehabilitation programming in rural areas for the culturally disadvantaged. In researching this area, I find that there are unlimited programs all over the United States. Each particular area has different problems, which govern the basic way these programs are set up. We also have numerous people and organizations setting up these programs such as the Office of Economic Opportunity (OEO), Community Action Programs, Labor Department, Agriculture Department, and rehabilitation and education agencies.

There is no limit as to what can be done in the area of programming once a need has been established. So I selected a few representative programs that are concerned with the area of cultural deprivation for discussion. I wish to describe each program with emphasis on their objectives.

HEADSTART

There are really two main purposes of the Headstart program. Foremost is to help the child overcome social and cultural deprivation. We use this program to get into the home and to parents in an effort to help them modify the home situation. This is why we have social workers, public health nurses, psychologists, psychiatrists, and every available social agency helping the disadvantaged overcome their problems. So the Headstart Program isn't just placing the child in school. In fact, the guidelines written for these programs are vague. There is no prescribed method for doing things. This summer we had fourteen Headstart programs in four southern Minnesota counties. Each of these fourteen programs was set up differently with emphasis on the problems unique to that particular area.

Parents are invited to participate in every phase of developing and administering the Headstart program as teacher aides. Special courses are held for parents in such subjects as home economics, food budgeting, purchasing, child care, and improving the home environment. As I mentioned in our group session this morning, we have a doctor's son who is in one of our programs because he was diagnosed as emotionally disturbed or retarded. This child is being helped out. Moreover, it reflects that it is not only the poor who have the problems.

The Headstart program is basically funded by OEO. We hope that in the next few years it will become a component of the Department of Education since this department is concerned with the follow-up and outreach programs.

HOMESTART

Another popular program in our region that has impressed me very much is "Homestart." This program was recently started in Des Moines, Iowa. They have people who go into the homes and work on such things as education, nutrition, budgeting, and so forth. Homestart is funded under Title I of the Education Act. Rather than taking the child out into the Headstart Program and then working with the parents, they go right in with the child at home and work with the parents as qualified counselors or social workers. The purpose of this is to try to change the situation in the home. They try to get to the parents to make the best use of their money, resources, and skills. Most of the time they say, "It's too much work; we may be moving. Why put a board floor in the house? We may be moving in a year or two and it would all be wasted."

Many of these parents will not even allow their children to study if they are in school because it will disrupt the general household activities. They don't want them blocking up the kitchen area. It is really ridiculous to see some of the things that go on. So we have to go into the home and try to help resolve some of these issues. This is where I see the Homestart program being of significant value in coordination with the Division of Vocational Rehabilitation.

THE AGRICULTURAL PROGRAM

Another program becoming quite popular in this area is the Agricultural Program funded by OEO. This program is strictly for low-income people, mainly our migrant workers who are undoubtedly culturally and socially deprived. The families can just barely survive economically, which influences their living conditions. We use the Division of Vocational Rehabilitation here for assistance. We try to find families with histories of marginal income and develop an equitable program that will help these people and raise them from a $2,000 a year net income to $4,000 or more.

RURAL RESOURCES CONSULTANTS

We have a program that is just starting all over the United States and particularly in this region called "Rural Resources Consultants." This is basically a non-professional aide program where we hire low-income people, preferably AFDC mothers, and train them through the use of our colleges or other available rehabilitation agencies. We place them in the Employment Service, Division of Vocational Rehabilitation, or Mental Health Center. We hope that we soon will be able to place them in the local rehabilitation center.

In working with these people, it is difficult for them to wait long periods of time for services because they lose interest. Since you must start building their interest, have the Rural Resources worker contact them and help them arrange for an appointment with the Division of Vocational Rehabilitation, the Mental Health Center, or any other appropriate agency. Hence, the individual has suddenly received a great deal of hope. Then follow this up rapidly (within a week or two) and you can accomplish something with these people. Many people who are referred to welfare have to wait up to six months to receive services. This process could actually be accomplished in a week, but because of the time element and the lack of communication it is difficult to do. This is one reason the Rural Resources Consultant was established in all OEO and Community Action programs. If we are developing programs, we use them to compile statistics for reports. This is actually work that a secretary or a low-income person trained in clerical work could do and get a lot more out of it than taking a number of highly trained professionals. So we labeled these non-professional aides as Rural Resources Consultants.

NEW CAREERS PROGRAM

Another program that has emerged within the last two months is "New Careers." The purpose of this program (which is under the Labor Department) is to provide the chronic, hard-core unemployed and welfare recipients a month of training both on the job and in the classroom as teacher aides. This new approach relieves the counselors of menial tasks. They will serve as interview aides and fill out applications completely with the client so that the counselor doesn't have to spend half an hour doing this. These people will be trained and initially paid by the Labor Department. After one year of employment, they will be paid by the agencies they are working for. This program offers possibilities for DVR agencies. The Welfare Department is quite enthused about graduates of this program and uses them as casework aides. They are people who understand what new clients have to go through to get welfare.

OPERATION MAINSTREET

Another program that has changed its title is "Operation Mainstreet." This is a program for the chronically unemployed head of households or individuals eighteen years of age or older. They have no sellable skills and are unemployed nine months of the year. They work as migratory workers or as laborers on construction. These people have potential uses in garages and county court houses as maintenance assistants, painters, and so forth. After they have been in the program and proved their worth, the people whom they were working for have to give them first consideration for permanent employment.

OVERALL OBJECTIVES OF THE VARIOUS PROGRAMS

Once people are enrolled in any of these programs, we work very extensively with them in counseling and development of occupational goals and objectives.

We are not just putting them to work for a period of time. By the time these programs end, they should be ready for finding employment or else we have to refer them to a rehabilitation agency. Unfortunately, the time element is such that we can't do an extensive amount of screening. If we plan a program and OEO decides that there is a need, they write the program but cannot hire anyone until the program is funded. We had programs proposed like the summer Neighborhood Youth Corps Program. We have 100 enrollees supposedly starting June 12, and we won't know until June 10 if this program is going to be funded. If it is funded, we are to have this program going full steam by June 12, which is ridiculous and impossible. This is just one of the problems that we are confronted with in trying to help people who can benefit from our services.

While they are enrolled in the project, we try to restore some of the ego to the breadwinner who hasn't provided for his family in years.

UPWARD BOUND

For the younger set, we have another program called "Upward Bound," which is a college preparatory program. We try to motivate high school students either between their sophomore and junior or junior and senior years by placing them in a college for six to ten weeks. We take marginal students, the culturally deprived if they are good high school students, and the poor (C or D) high school students. Some have even taken failing students into their programs. Eighty-five percent of the students (150) in Upward Bound in one particular area have applied for and have been accepted into college, and another three per cent are awaiting application returns from the college. It is phenomenal the success they are having with this program. Moorhead State, the University of Minnesota, and the College of St. Teresa have Upward Bound programs. Approximately six months ago we requested one for Mankato State, but there was no money available. I recently sent out another letter to the Director of Upward Bound, and he said that they were hoping, because of the tremendous success, that there would be additional funds. For example, almost every one of the large cities has some type of Upward Bound program in operation at the present time. The rural areas are being discriminated against because it takes them longer to get organized. In 1964 when OEO started, many of the large cities like Cleveland and New York had programs in operation. Where I work, our program did not develop until May of 1966. It takes too long for the rural people to get moving. You have to fight the county commissioners and city politicians who do not want anything to do with Federal programs.

ELEMENTARY AND SECONDARY EDUCATION ACT - TITLE I

Another program is Title I of the Elementary and Secondary Education Act. This is for educationally retarded individuals who are in school. It is a remedial education program in the summer. In Mankato it is called a summer learning camp. They select children from nine to thirteen years of age and give them botany, biology, guitar lessons, and singing lessons. They try to stimulate the children's educational interests to prevent them from becoming high school dropouts.

CONCLUSION

There are a number of programs in our region. Every state has a Governor's Council on OEO. These people are aware of what is going on in your particular area or state. If you are seeking further information, go to your state director or the national office. They have many useful materials. For example, every month we receive a brochure called "Rural Opportunities" and one called "Uban Opportunities." These brochures, which are free, describe programs that are being developed in various places. They not only refer to OEO programs, but also to new education and rehabilitation programs that are being developed throughout the United States. All of the programs described are set up geographically. In southern Minnesota, our four counties, Brown, Blue Earth, Nicollet, and Le Sueur, are farm communities of which 28% are in poverty. We have only twenty-two people of minority races in our area. So we don't have the problems such as those faced by large urban areas, and it makes a lot of difference in the type of programs developed. Programs have to be developed geographically and on the local level. However, some of the programs like Headstart can be developed on a state-wide basis.

CONCLUSION

There are a number of programs in our region. Every state has a Governor's Council on OEO. These people are aware of what is going on in your particular area or state. If you are seeking further information, go to your state director or the national office. They have many useful materials. For example, every month we receive a brochure called "Rural Opportunities" and one called "Uban Opportunities." These brochures, which are free, describe programs that are being developed in various places. They not only refer to OEO programs, but also to new education and rehabilitation programs that are being developed throughout the United States. All of the programs described are set up geographically. In southern Minnesota, our four counties, Brown, Blue Earth, Nicollet, and Le Sueur, are farm communities of which 28% are in poverty. We have only twenty-two people of minority races in our area. So we don't have the problems such as those faced by large urban areas, and it makes a lot of difference in the type of programs developed. Programs have to be developed geographically and on the local level. However, some of the programs like Headstart can be developed on a state-wide basis.

SECTION IV

SUMMARY REPORTS OF WORKSHOP SESSIONS

SUMMARY REPORT OF WORKSHOP SESSIONS: GROUP A

Chairman - Dr. Beaumont R. Hagebak
Recorder - Benjamin F. Bryant

DIRECTIONS AND DEFINITIONS: AN INITIAL REACTION

Two major problems in vocational rehabilitation work geared to the needs of the culturally disadvantaged appeared early in the initial workshop session and set the tone for much of the discussion in the sessions which followed.

A number of participants in Group A appeared to have some serious reservations about the advisability of involving vocational rehabilitation counselors in work with the culturally disadvantaged, although their concerns were seldom verbalized except as incidental comments tied to other aspects of the workshop discussions. Some felt that the culturally disadvantaged were being adequately served by other federal and state agencies and would hesitate to expand into another group's primary service population. Others questioned the effect that such expansion of service would have on professional role definition, already exhausted local budgets, or staff morale. It would seem that further definition of the needs of the culturally disadvantaged and the role of the rehabilitation counselor in meeting these needs will be necessary to gain full professional acceptance for such service.

A second major problem is to be found in the lack of an acceptable operational definition of precisely what population is to be included under the heading of "culturally disadvantaged." Environmental and physical deprivation is far more easily defined than the deprivation of attitudes and values which categorizes this group. Current regulations list three basic conditions of eligibility for rehabilitation services. Liberal state interpretations of these regulations appear to allow for work with the culturally disadvantaged (though not under that heading), but there appears to be some serious reservations about making such broad interpretations. Indeed, some consultants feel that they must "prostitute" themselves in order to make rehabilitation services available for many clients who might be served if regulations were liberalized or if definitions of service were expanded to include the culturally disadvantaged.

SESSION 1: Current Approaches and Gaps in Diagnosis of the Culturally Disadvantaged. Wednesday, August 16, 1967, 4:00 p.m.

Approaches to diagnosis, with few exceptions, appear to be restricted by interpretations of law based on medical and psychological models used in identifying persons in need of vocational rehabilitation services. Common practice has been for states to require certification by a medical doctor, a psychologist, or a psychiatrist that the potential client is, in fact, physically or mentally disabled.

Beyond this certification, the common modes of diagnosis include personal interviews, testing, and review of case records compiled from various agencies. Most states in Region VI appear to be using the case study technique, which was felt to be the only approach inclusive enough to provide adequate information on the culturally disadvantaged.

Gaps in diagnosis appeared to center around the rigid interpretations of eligibility regulations and the resulting lack of qualified professional evaluators (shortage of psychologists and psychiatrists).

Attempts to bridge these gaps include such techniques as gaining State certification for DVR "counselor psychologists" who are limited to making judgments concerning the eligibility of rehabilitation clients (Iowa), using DVR counselors who are eligible for membership in the American Psychological Association as determiners of eligibility (Kansas), and using rehabilitation counselors to collect relevant data which is presented to a psychologist or psychiatrist for his review and certification (several states).

Until legislation concerning eligibility is liberalized, or until state leadership liberalizes its interpretation of existing regulations, it appears as though work specifically with "culturally disadvantaged" individuals will be handicapped by diagnostic gamesmanship! At present, diagnostic services for these individuals as a separate group is all but non existent.

SESSION 2: Development of Guidelines for Diagnosing the Culturally Disadvantaged. Thursday, August 17, 1967, 10:30 a.m.

Diagnosis, the "awareness service" of the rehabilitation counselor, cannot proceed until adequate definition of who is to be diagnosed is made. In Session 2 the workshop group again became involved in discussion of the need for operational definition of the culturally disadvantaged and of the legal restrictions imposed on their work with this group.

A "brainstorming" session devoted to the exploration of guidelines for diagnosis of the culturally disadvantaged produced the following broad concepts:

1. The most appropriate technique for collecting data on the culturally disadvantaged appears to be based on the sociological case study, since it alone provides for the wide range of factors which are characteristic of this group.

2. The rehabilitation counselor who serves culturally disadvantaged clients should be skilled in interviewing and relating to these persons and should be trained to understand (and possibly use in diagnostic sessions) the language patterns peculiar to the disadvantaged.

3. If behavioral disorders are to be used in categorizing debilitating conditions, firm definitions of these disorders (to include the culturally disadvantaged) should

be developed to aid consulting psychologists, psychiatrists, or medical doctors who must determine eligibility for rehabilitation services. At present, the usual practice of the clinician is to classify mental disability as either psychosis, neurosis, character disorder, or personality trait disturbance. A fifth factor - "cultural deprivation" - might be added.

4. The relationship of "diagnosis" and "prognosis" common to the medical model is seen as inappropriate for rehabilitation service with the culturally disadvantaged. The multitude of factors which characterize this group resist the formation of an accurate prognosis based on diagnostic tools currently available.

5. If further definition of the cultural deprivation syndrome is required, it could well be characterized as a "disease of productivity" marked by chronic unemployment, chronic depression and "little suicide," lack of a positive self-image, a host of poverty-related environmental problems, apathy, and values and traditions markedly different from those of the mainstream culture.

New guidelines for diagnostic services appear to be closely tied to the need for new guidelines in the interpretation of existing eligibility requirements. Progress must begin there.

SESSION 3: Current Approaches and Gaps in Provision of Services to the Culturally Disadvantaged. Thursday, August 17, 1967, 4:00 p.m.

While the term "culturally disadvantaged" is not used as a separate rehabilitation category, and while existing programs do not reach all members of the deprived group, many of those served by existing rehabilitation programs can be considered to be culturally disadvantaged.

Among the specific approaches currently in use mentioned by members of Group A were:

1. The use of counselors who attempt to communicate specifically with these individuals.

2. A "stepping stone" approach to rehabilitation, involving short-term objectives and goals, with rather immediate rewards.

3. Rehabilitation services located within an urban renewal housing project, which provides a "captive" group of potential rehabilitation clients who are culturally disadvantaged.

4. Involvement with community action programs, public education, and enlisting the active support of local civic and religious groups to help supply immediate needs for transportation, funding, etc.

5. The use of counselor aides to provide non-professional services of a routine or supportive nature.

Several gaps in service became evident as a result of this discussion:

1. The inadequate funding in some states, even for existing programs.

2. The lack of trained professional rehabilitation counselors with interests and skills in working with the culturally disadvantaged.

3. The lack of communication from state to state and among the agencies within the same state on individuals in need of rehabilitation services.

4. The rigidity of certain state eligibility regulations or the interpretation of those regulations.

5. The negative labels applied to the culturally disadvantaged, which would appear to limit their use of existing services.

6. The gap in communication caused by language and dialect differences between college-trained counselors and the hard-core disadvantaged.

7. The lack of opportunity to offer rehabilitation services to maximize the skills gained by members of the Job Corps and similar project groups.

8. The need for public relations work and increased publicity on the role and services of vocational rehabilitation counselors.

9. The lack of involvement in depth (understanding) with the culturally disadvantaged, which might be closed through improved training programs.

Imaginative thinking and improved communication appear to be the keys to closing many of these service gaps. It is amazing that vocational rehabilitation counselors are doing anything at all for the culturally disadvantaged when operating with the gaps in funding, personnel, and interpretation of regulations which became evident in this session.

SESSION 4: Development of Guidelines for Increasing Vocational Rehabilitation Services to the Culturally Disadvantaged.

Friday, August 18, 1967, 10:30 a.m.

The fourth workshop session was begun on the premise that vocational rehabilitation services would be extended to the culturally disadvantaged despite current blocks to such service. Discussion centered around possible recommendations which might serve to close the service gaps defined in the third session. These recommendations were as follows:

1. Increased Staffing. If services are to be extended, additional professional staff members with particular enthusiasm for work with the culturally disadvantaged must be hired by local rehabilitation agencies.

2. Immediate Service. The culturally disadvantaged appear to respond poorly to any service with a built-in time log, since their experiences cause them to seek immediate need gratifications. The rehabilitation intake process should be revised to allow for faster service. In some states this is done by allowing the counselor to begin work with a client before the medical report is completed, purchasing a block of time from a physician (3 or 4 hours) in which only rehabilitation clients are processed, or by making special arrangements with the evaluator for immediate, same-day feedback. It was felt that constant contact with the culturally disadvantaged client from the moment he contacts the agency and immediate service at the time of contact must be provided if the client is to be retained in the program.

3. Counselor Aides. The culturally disadvantaged tend to rely heavily on one another and appear to be quite wary of new environmental tasks and persons who are not a part of their own cultural background. It was suggested that indigenous aides be employed to serve in non-professional categories and help move the client through the total rehabilitation process. An aide, for example, might assist by helping the client arrange for transportation to the office where evaluations are being conducted and actually accompany the client to the appointment. The members of Group A felt that aides could best be employed where there is a concentrated "pocket" of the disadvantaged, such as on a reservation or within a large city.

4. Positive Labels. While the group recognizes the need for potentially negative labeling during the diagnostic process in order to define eligibility for rehabilitation assistance, it was felt that informing the "disadvantaged" client of his eligibility under such a label would be unnecessary and possibly damaging. It was suggested that some more positive labels such as "culturally mobile" be applied uniformly to such persons. Definition in positive terms should serve to aid the client in self-concept revision by providing him with a coping orientation suggesting movement toward goals.

5. Inter-Agency Communication. The culturally disadvantaged are often a highly mobile group (transient farm laborers, etc.). Such mobility requires improved inter-agency communication on an individual basis, perhaps coordinated at the state or regional level. This communications network should be extended to include other federal, state, and local service agencies as well. Communication designed to provide vocational rehabilitation counselors with information on special programs and services offered in other states should be expanded. Job Corps Centers were specifically designated as areas in which improved communication about individuals due to return to the home community might improve rehabilitation service potentials.

6. Use of Community Resources. Several members of Group A stressed the potential for understanding and identifying the culturally disadvantaged through such persons as the local grocer, the minister or priest, or even the "local gossip." Such individuals are often most aware of those in greatest need of assistance. In addition, several group members reported very positive experiences with local religious and civic organizations who often provide for immediate needs for funding, transportation, and employment possibilities.

CONCLUDING COMMENT

The public is well aware of the need for specialized rehabilitation services to the physically handicapped. Public awareness of the need for providing rehabilitation services to the emotionally or mentally handicapped has greatly increased in recent years. Everyone can "see" the need for service to the amputee or to the patient from the state mental hospital. Public acceptance of rehabilitation services to the culturally disadvantaged is handicapped by the nature of the debilitating condition: the "unseen" forces of hopelessness, apathy, and alienation.

Despite this obstacle and the problems encountered by confusion as to direction and rigid interpretation of existing regulations, there was a sense of growing interest and excitement with the potential for service afforded by the culturally disadvantaged evident in Group A. The job, it seems, can be done. The questions center around how best to accomplish it.

SUMMARY REPORT OF WORKSHOP SESSIONS: GROUP B

Chairman - Dr. Carl Lofy
Recorder - Daro Larson

SESSION 1: Current Approaches and Gaps in Diagnosis of the Culturally Disadvantaged. Wednesday, August 16, 1967, 4:00 p.m.

The session began with a discussion of what appeared to be the basic problem, namely, to identify the persons who fall into the category of the culturally disadvantaged. The federal regulations refer only to "behavioral disorders," not to cultural deprivation as such. To meet eligibility requirements, a client must have a "physical or mental disability." This is defined in the regulations as a physical or mental condition which materially limits, contributes to limiting, or, if not corrected, will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors. The discussion then focused on identifying the approaches and gaps in diagnosing behavioral disorders.

Most states in Region VI use a case-study approach for this diagnosis. A case study may include:

1. Record of employment
2. Record of encounters with police
3. Record of marital stability
4. Statement of client's appearance
5. Test data
6. Social data collected by social workers
7. Educational background

It is common practice for many of the states to require certification by a medical doctor, psychiatrist, or psychologist that the client is in fact disabled by the behavioral disorder. Some states require that a psychologist or psychiatrist have a face-to-face interview with the client before certifying him as having a behavioral disorder.

Two major gaps in the diagnosis of the culturally disadvantaged were emphasized. The first of these is the use of a medical model in identifying persons in need of vocational rehabilitation services. Many felt that a functional diagnosis should be given in terms of employment potential rather than in terms of a medical or psychological difficulty.

Another obvious problem is the shortage of psychologists and psychiatrists to examine clients and certify disability. One state (Iowa) has had DVR counselors certified by the State Department of Education as "counselor psychologists" who are limited to making psychological judgments concerning vocational rehabilitation clients. Kansas uses vocational rehabilitation counselors who are eligible for membership in the American Psychological Association as certifying psychologists who can make the determination of the existence of a behavioral disorder. Another solution to the shortage of psychologists and psychiatrists has been for the vocational rehabilitation counselor to collect all the social data required and present the data to the psychiatrist or psychologist for his review and certification.

SESSION 2: Development of Guidelines for Diagnosing the Culturally Disadvantaged. Thursday, August 17, 1967, 10:30 a.m.

The work of this session was to draw up guidelines for diagnosing the culturally disadvantaged. These guidelines are summarized in the following paragraphs.

1. Preface: As a result of the enactment of the Vocational Rehabilitation Act of 1965, eligibility for vocational rehabilitation was extended to the culturally disadvantaged. The three basic requirements for eligibility defined in Section 401.20 (6) of the Federal Regulations are still in effect, that is, (1) there must exist "a physical or mental disability"; (2) there must be a substantial handicap to employment; and (3) there must be reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation. Section 401.1 (0) includes within the definition of physical or mental disability "behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors." The extension of eligibility requirements to include such people is obviously a challenge to the State agencies, but it is also an opportunity.

2. The nature of behavioral disorders: The Regulation is clearly based on the fact that a behavioral disorder is a true disability. People who are caught in its web suffer from an apparent inability to support themselves. Their behavior and attitudes reflect an inability to function independently in a vocation and to rely on their own and ordinary community resources. As a result, they are often unable to obtain, retain or prepare for a gainful occupation consistent with their capacities and abilities. Their disability thus becomes a vocational handicap to them. At the same time, some of these people express the motivation and aptitude which make it likely they would profit from vocational rehabilitation so as to break out of the behavioral pattern which enslaves them and to find productive occupations and increased stability.

3. Evaluation of disability: Section 401.22 (e) (2) states that a diagnosis of behavioral disorder must be made by a qualified psychiatrist or psychologist before the counselor can be satisfied the person does, in fact, suffer from this disability. In the State of Minnesota, the District Office Psychiatric Consultant makes this certification. Kansas used Vocational Rehabilitation counselors who are eligible for membership in the American Psychological Association. In Iowa, counselors are certified as "Vocational Rehabilitation Counselor Psychologists" who possess B.A. or M.A. degrees of their equivalent, thirty hours of graduate psychology or equivalent, one year of experience and exemplary courses in Abnormal Psychology, Psychology of Adjustment, Individual Intellectual Appraisal, Psychiatry for Related Professions, and Vocational Appraisal. (Of course, it is recognized that the various states have different requirements for the certification of psychologists).

4. Documentation: The decision as to disability should be made after a comprehensive review of all available diagnostic material. This may include:

   a) a basic general medical examination
   b) psychological testing
   c) records from institutions, courts, welfare agencies, schools, employment services, etc.
   d) a case history, including a detailed history of past employment
   e) an interview or report of interview with the client
   f) social study of his home environment

5. Basic Considerations in Assessing Behavioral Disorders: Individuals with behavioral disorders are characterized by marginal adjustments to society and will exhibit a pattern of maladjusted behavior or impaired ability to carry out normal relationships with the family and community. This pattern has an objective distinguishable aspect which can be identified by psychiatrists or psychologists. The following list includes some of the elements that might appear in a behavioral disorder. This list is not intended to be exhaustive, nor would the existence of any one of these symptoms alone establish disability.

   WORK

   1. Job hopping
   2. Involuntarily out of work for long periods of time
   3. Poor work habits
   4. Poor work attitudes

5. Difficulty in relating to employers and fellow workers
6. Vocational skill below employment demands
7. Outdated vocational skills
8. Unrealistic work goals

EDUCATION

1. Illiteracy
2. Limited educational background
3. Under achievement
4. School dropout
5. Absence and truancy from school excessively

PERSONAL-SOCIAL

1. Poor personal appearance
2. Poor personal hygiene
3. Family disharmony
4. Broken homes
5. Sibling asocial behavior
6. Promiscuous relationship
7. Chronic dependency on welfare agencies
8. Limited emotional control
9. Limited attention span
10. Unacceptable attitude and mannerisms
11. Limited communication skill
12. Inability to care for personal needs
13. Asocial behavior resulting in controls imposed by law enforcement agencies or courts (parolee, probationer, juvenile delinquent)
14. Socially unacceptable behavior

6. Recommendations: It is recognized that the matter of behavioral disorders in vocational rehabilitation is an urgent and complex one. It is recommended that the various state agencies devote in-service training sessions to this matter. Communication between the counselors and the certifying psychologists, psychiatrists or counselor-psychologists should be maintained and fostered so that further development of this area of vocational rehabilitation may continue.

SESSION 3: Current Approaches and Gaps in Provision of Services to the Culturally Disadvantaged. Thursday, August 17, 1967, 4:00 p.m.

While the term "cultural deprivation" is not used as a separate rehabilitation category, and while existing programs do not reach all members of the deprived group, many culturally disadvantaged people are served by existing vocational rehabilitation services. Some provision for the culturally disadvantaged is generally found within existing rehabilitation programs.

An approach found useful in Minnesota involves the counselors who attempt to communicate specifically with the culturally disadvantaged and who work at setting up short-term goals and objectives for these persons to provide some immediate gratification of their needs. A Minneapolis center for service to Indians reported some positive results in the use of aides who were not highly trained professionals.

Missouri's intensified Pruitt-Igoe project is an example of current efforts in that state, although rehabilitation counselors in Missouri claim a long history of work with the culturally deprived. The Pruitt-Igoe project combines a "captive group" of counseling recipients, enthusiastic counselors, attempts to provide immediate need satisfactions, and the support of religious and civic groups in their operation.

Iowa offers no group services as such, but provides for an individual approach to problems of cultural deprivation through specialized staff members. Counselor time is conserved by giving the more difficult cases to the most experienced counselors. Much work is currently being done through community action programs, O.J.T., Goodwill, and public education (including the new state vocational-technical training centers which will provide rehabilitation evaluation units for all students).

Nebraska's representative works with the blind, and since visual impairment is the necessary criterion for that program, cultural deprivation seldom enters into the case requirements. Omaha welfare has been developing a system of support for family expenses while training is in progress as an aid to family adjustment during this period.

North Dakota is developing two major training centers and deals similarly with the culturally disadvantaged and other rehabilitation clients. South Dakota is making use of matching fund plans for work in the state hospital system and the State Home for the Retarded and is initiating programs in the Sioux Falls public schools. Kansas has no specialized program for the culturally deprived either but does support a regular rehabilitation program in the state's penal institutions and is working on a program to serve potential school dropouts.

As discussion of current approaches progressed, several "gaps" or problems in serving the culturally disadvantaged became apparent:

1. Funding, particularly for any increase of service, appeared to be a major problem in several states which have failed to provide sufficient matching funds to cover on-going programs adequately.

2. The lack of trained professional counselors, particularly those interested and with special skills in working with the culturally disadvantaged.

3. The lack of communication among various state agencies and the inability of rehabilitation workers to exchange services from state to state was seen as a handicap to more effective work with a highly mobile disadvantaged population.

4. The rigidity of certain state regulations (or interpretations of federal regulations) constitutes a gap in potential service. Agency ethics may require some broadening.

5. The negative labels (often used in diagnosis) may well constitute a gap in offering services to the culturally disadvantaged.

6. A gap appears to exist in the opportunities available to perform "finishing off" services to individuals from Job Corps Training Centers who have ordinarily received some excellent training and work exposures but who could use further specialized work training to complete the rehabilitation process. Could Job Corps graduates (and perhaps persons served by other agencies such as Social Welfare) be automatically considered eligible for vocational rehabilitation service as a result of their acceptance into the original program?

Other possible gaps in service to the culturally disadvantaged which were mentioned early in the session but not discussed because of time limitations included the need for publicity and public relations among the disadvantaged and among professionals in related fields as to the role and services of the vocational rehabilitation counselor, the gap of dialect and language for communication with the hard-core disadvantaged, and involvement or depth of relationship and understanding gaps which might be closed through some revision of counselor training programs.

SESSION 4: Development of Guidelines for Increasing Vocational Rehabilitation Services to the Culturally Disadvantaged.

Friday, August 18, 1967, 10:30 a.m.

This session was devoted to outlining various recommendations for increasing service to the culturally disadvantaged. They are included in the following paragraphs:

1. It was recommended that the individual state agencies familiarize themselves with what other agencies are doing for the culturally disadvantaged.

2. It was recommended that projects sponsored by vocational rehabilitation be publicized through the various communications media.

3. Immediate in-service training programs should be undertaken, not only to acquaint the counselors about the new regulations and possibilities, but to elicit their ideas about how services for the culturally disadvantaged might be increased.

4. The referral sources, such as welfare and Social Security, should be notified about the new regulations and the possibility of Vocational Rehabilitation serving the culturally disadvantaged.

5. There should be improved inter-agency cooperation between the different programs that are serving the culturally disadvantaged.

6. Team approaches within the respective agencies are to be encouraged so that the service of the culturally deprived is not left to mere individual initiative.

7. New techniques should be developed and encouraged with boldness and imagination.

8. Means should be undertaken to insure that services be rendered promptly with a minimum of delay between referral and training.

CONCLUDING COMMENT

The members of workshop session Group B all felt genuinely enthused about the possibilities of reaching out to larger groups of people. All felt that a major problem was the definition of cultural deprivation and how this fits in to the traditional ways of thinking about physical and mental disability. All felt that ways should be found to diagnose this disorder more readily and that new projects should be undertaken immediately to develop ideas and programs for serving the culturally disadvantaged.

CONFERENCE PARTICIPANTS

Dr. George E. Ayers
Associate Professor & Director
Rehabilitation Counseling Program
Mankato State College
Mankato, Minnesota

Mr. Tom Benedict
Assistant Director
Rehabilitation Field Services
Division of Vocational Rehabilitation
Des Moines, Iowa

Mr. Earl Brunberg, Counselor
Division of Vocational Rehabilitation
Minneapolis, Minnesota

Mr. Ben Bryant, Coordinator
Adult Basic Education
St. Paul Public Schools
St. Paul, Minnesota

Mr. Robert Carr
Assistant Director
Upper Midwest Indian Center
Minneapolis, Minnesota

Miss Ada Deer
Coordinator of Indian Affairs
Training Center for Community Action
University of Minnesota
Minneapolis, Minnesota

Mr. Charles P. Elliott
Coordinator of Field Services
Division of Vocational Rehabilitation
Jefferson City, Missouri

Mr. Charles Featherstone
Bureau of Indian Affairs
Minneapolis, Minnesota

Mr. Jerry Finley
Director of Pruitt-Igoe Project
Division of Vocational Rehabilitation
St. Louis, Missouri

Mr. Tom Flannigan, Director
Cedar Valley Rehabilitation Workshop
Austin, Minnesota

Mr. Charles Geboe
Division of Special Services
Black Hills State College
Spearfish, South Dakota

Dr. Beaumont Hagebak
Director, Counseling Center
Mankato State College
Mankato, Minnesota

Mr. Larry Harris
Director of Urban Affairs
Minneapolis Public Schools
Minneapolis, Minnesota

Dr. Joe Hogan, Professor
Department of Educational Psychology
Mankato State College
Mankato, Minnesota

Mr. Henry F. Howard
District Supervisor
Division of Vocational Rehabilitation
St. Cloud, Minnesota

Mr. Marty Ivers, Counselor
Division of Vocational Rehabilitation
Bismarck, North Dakota

Dr. John A. Johnson
Dean, School of Education
Mankato State College
Mankato, Minnesota

Mr. Otto Kaul
District Supervisor
Division of Vocational Rehabilitation
Rapid City, South Dakota

Mr. George Kester
Assistant Regional Representative
Rehabilitation Services Administration
Department of Health, Education & Welfare
Kansas City, Missouri

Mr. Daro E. Larson
Assistant Professor
Special Education Department
Mankato State College
Mankato, Minnesota

Mr. Richard Lee
Assistant Director
Minnesota Valley Action Council
St. Peter, Minnesota

Dr. Carl Lofy
Assistant Professor
Rehabilitation Counseling Program
Mankato State College
Mankato, Minnesota

Mr. Larry Lorenzen
Assistant Director
State Services for the Blind
Lincoln, Nebraska

Mr. Tom Mangan
Director of Special Education
Anoka-Hennepin Public Schools
Anoka, Minnesota

Mr. Elia Nickoloff, Counselor
Division of Vocational Rehabilitation
Minot, North Dakota

Mr. Clinton H. Nielsen
Assistant Director
Division of Vocational Rehabilitation
Pierre, South Dakota

Mr. Donald Nottage
Assistant Supervisor
Division of Vocational Rehabilitation
Minneapolis, Minnesota

Mr. James O'Keefe
Assistant Director
State Services for the Blind
St. Paul, Minnesota

Dr. Richard Pallazza
Clinical Psychologist
Mental Health Center
Mankato, Minnesota

Dr. Dwain F. Petersen
Associate Professor
Educational Psychology Department
Mankato State College
Mankato, Minnesota

Mr. Ronald Pribyl, Director
Division of Vocational Rehabilitation
Topeka, Kansas

Mr. Robert Reade, Counselor
Public Assistance Project
Division of Rehabilitation Services
Omaha, Nebraska

Dr. Howard C. Reid
Mississippi Mental Health Clinic
Bemidji, Minnesota

Mr. Lester Schneider
Work Evaluator
Mankato Rehabilitation Center
Mankato, Minnesota

Mr. Curtis Thorstenson, Coordinator
Work Adjustment Center
Anoka-Hennepin Public Schools
Anoka, Minnesota

Mr. Robert A. Walker
Associate Director
Minneapolis Rehabilitation Center
Minneapolis, Minnesota

Mr. Harlan Watson
Chief of Casework Services
Division of Vocational Rehabilitation
Des Moines, Iowa

Mr. Carl E. Wichman
Assistant Chief
Bureau for the Blind
Jefferson City, Missouri

Dr. Milton E. Wilson, Jr.
Associate Professor & Director
Rehabilitation Counseling Program
Kent State University
Kent, Ohio

Dr. Frank H. Wood, Coordinator
Culturally Disadvantaged Program
Department of Special Education
University of Minnesota
Minneapolis, Minnesota

SELECTED BIBLIOGRAPHY
ON
REHABILITATING THE CULTURALLY DISADVANTAGED

Allport, Gordon. The Nature of Prejudice. New York: Doubleday, 1958, 496 pp.

Ashbell, Bernard. The New Improved American. New York: McGraw-Hill, 1965, 222 pp.

Bagdikian, Ben H. In the Midst of Plenty. Boston: Beacon Press, 1964.

Bamberger, M. A. and N. Lewin. The right to equal treatment: administrative enforcement of anti-discrimination legislation, Harvard Law Rev, 1961, p. 74.

Cohen, Alan. Reading: Large Issues, Specific Problems, and Possible Solutions. New York: Mobilization for Youth, Inc.

Conant, James B. Slums and Suburbs. New York: McGraw-Hill, 1961, 147 pp.

Daugherty, Louise G. Working with disadvantaged parents, NEA Journal, 1963, 52, pp. 18-20.

Ginzberg, Eli. The Negro Potential. New York: Columbia University Press, 1956, 144 pp.

Groff, P. J. Culturally deprived children: opinions on the views of Riessman, Except Child, 1964, 31, pp. 61-65.

Journal of Negro Education. Special Issue devoted to America's disadvantaged minorities (Negro, American Mexican, Jew, etc.), J of Negro Educ, 1951, p. 20.

Lipton, A. Cultural deprivation, Journal of Educational Sociology, 1962, 36, pp. 14-19.

Office of Economic Opportunity. Catalog of Federal Programs for Individual and Community Improvement. Washington, D. C.: Government Printing Office, 1965.

Riessman, Frank. The Culturally Deprived Child. New York: Harper and Row, 1962, 140 pp.

Riessman, Frank. The culturally deprived child: a new view, Educational Leadership, 1963, 5, pp. 337-347.

Riessman, Frank. Toward a (non-Parsonian) 'theory' of action for the disadvantaged. New Brunswick, N. J.: Rutgers University, October, 1963 (Mimeo).

Riessman, Frank. A Community Approach to Individual Services. New York: Mobilization for Youth, Training and Personnel, 1963.

Riessman, Frank. The strengths of the poor, Social Welf Forms, 1964, pp. 183-191.

U.S. House of Representatives, Subcommittee of Committee on Education and Labor. Hearings on H. R. 10440. Washington, D. C.: Government Printing Office, 1964.

U.S. Department of Health, Education, and Welfare. Programs for the Educationally Disadvantaged. Washington, D. C.: Author, 1963, 105 pp.

Young, Whitney M. Assuming--or evading?--Responsibility for added opportunity, J Rehabilit, 1967, 33, 15-18.

Educational Aspects

Abrahamson, S. School rewards and social-class status, Educational Research Bulletin, 1952, 31, 8-15.

Baer, Max F. Segregation in public schools, Personnel Guid J, 1967, 45, pp. 400-401.

Becker, Howard S. Social class variations in the teacher-pupil relationship, J of Educ Sociol, 1952, 25.

Barclay, Dorothy. Challenge to education: the poor, NY Times Magazine, 1962, pp. 57-58.

Bledsoe, Joseph C. An investigation of six correlates of student withdrawal from high school, J of Educ Research, 1959, 53, 3-6.

Bowman, Paul Hoover. Effects of a revised school program on potential delinquents, Annals of the American Academy of Political and Social Science, 1959, 322:53-61.

Bureau of Educational Research. School Programs for the Disadvantaged. New York: City Board of Education, 1963.

Clark, Kenneth B. Educational stimulation of racially disadvantaged children. In: H. Passow, Ed. Education in Depressed Areas. New York: Teachers College Bureau of Publications, 1963, pp. 142-162.

Clift, V. A. Recreational and leisure-time problems and needs of Negro children and youth, J of Negro Educ, 1950, 19, pp. 33-40.

Cloward, Richard A. and James A. Jones. Social class: educational attitudes and participation. In: Nurturing Individual Potential. Washington: Association for Supervision and Curriculum Development, 1964, pp. 66-91.

Coles, Robert. The Desegregation of Southern Schools: A Psychiatric Study. New York: Anti-Defamation League, July, 1963.

Conant, James B. *The American High School Today*. New York: McGraw-Hill Book Company, 1959, 140 pp.

Coplein, Leonard E. Techniques for the study of dropouts, *The Clearing House*, 1962, pp. 526-530.

Davis, Allison. *Social Class Influences Upon Learning*. Cambridge, Mass.: Harvard University Press, 1948.

Davis, Allison. *Socio-Economic Influences Upon Children's Learning*. New York: National Urban League, 1951.

Davis, Allison. Education for the conservation of human resources, *Progressive Educ*, 1950, 27, pp. 221-224.

DeLeon, M. Wanted: a new educational philosophy for the Mexican American, *Calif J Secondary Educ*, 1959, 3, pp. 398-402.

Della-Dora, Delmo. The culturally disadvantaged: educational implications of certain social-cultural phenomena, *Except Child*, 1962, 28, pp. 467-472.

Della-Dora, Delmo. Culturally disadvantaged: further observations, *Except Child*, 1963, 29, pp. 226-236.

Deutsch, Martin. *Minority Group and Class Status as Related to Social and Personality Factors in Scholastic Achievement*. Ithaca, New York: Society for Applied Anthropology, Cornell University, Monograph #2, 1960.

Deutsch, Martin. Dimensions of the school's role in the problems of integration. In: *Integrating the Urban School*. G. J. Klopf and I. A. Laster, Eds. New York: Teachers College Bureau of Publications, 1963.

Doddy, H. H. Some changes in public policy and their implications for the education of Negroes in the U. S., *Negro Educ Rev*, 1960, 11.

Educational Policies Commission. *Education and the Disadvantaged American*. Washington, D. C.: National Education Association, 1962.

Eels, K. Some implications for school practice of the Chicago studies of cultural bias intelligence tests, *Harvard Educ Rev*, 1953, 23, pp. 284-297.

Elam, Stanley, Ed. Educating the culturally deprived in the great cities, *Phi Delta Kappan*, 1963, 45, pp. 70-100.

Erdman, Robert L. and James L. Olson. Relationships between educational programs for the mentally retarded and the culturally deprived, *Mental Retard Abstracts*, 1966, 3, pp. 311-318.

Finley, Otis. *Meeting the Challenge of the Dropout*. New Orleans, La.: Louisiana Education Association, 1963.

Fulwider, Bill. Appalachian migration and our schools--helping new students, *Columbus Dispatch Magazine*, 1960, pp. 12-13.

Ginzberg, Eli. The Uneducated. New York: Columbia University Press, 1953, 246 pp.

Goodacre, E. J. Teachers and the socio-economic factor, Educ Research, 1961, 4, 56-61.

Goodman, Paul. Compulsory Miseducation. New York: Horizon Press, 1964, 189 pp.

Gowan, John C. and George D. Demos. The Disadvantaged and Potential Dropout: Compensatory Educational Programs. Springfield, Ill.: Charles C. Thomas Publishing Company, 1966, 624 pp.

Graff, Virginia A. and Shirley Feldmann. Effective reading for the socially deprived child, J Rehabilit, 1965, 31, pp. 13-14.

Graff, W. L. Some factors which distinguish dropouts from high school graduates, Occupations, 1949, 27, p. 457.

Gramas, J. D. Culturally deprived child: achieving adequacy through education, The National Elementary Principal, 1964, 44, pp. 8-15.

Hand, Harold C. Do schools' costs drive out the youth of the poor? Progressive Educ, 1951, 28, pp. 89-93.

Henry, Jules. Docility, or giving teacher what she wants, J of Social Issues, 1955.

Hickerson, Nathaniel. Education for Alienation. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1967, 98 pp.

Holland, W. R. Language barrier as an educational problem of Spanish-speaking children, Except Child, 1960, 27.

Hott, Irving. School administrator and the educationally disadvantaged child, Bull Nat Assn Sec Sch Prin, 1964, 48, pp. 85-98.

Hummel, Raymond and Norman Sprinthall. Underachievement related to interests, attitudes and values, Personnel Guid J, 1965, 44, pp. 388-395.

Josse, Jane and Arthur Smith. Some social psychological aspects of the high school orientation program, J of Educ Sociol, 1957, 31, pp. 99-106.

Kandel, I. L. Education, a class privilege, Sch Society, 1948.

Kaplan, Bernard A. Issues in educating the culturally disadvantaged, Phi Delta Kappan, 1963, 45, pp. 70-76.

Kelley, Earl C. Seeds of dropouts, Childhood Educ, 1963, 39, pp. 420-422.

Kelley, Earl C. The dropout--our greatest challenge, Educ Leadership, 1963, 20, pp. 294-297.

Kloes, Harold. The School Dropout: Edmonds School District Report #02-02. Olympia, Wash.: State Department of Public Instruction, 1963.

Krugman, M. The culturally deprived child in school, NEA Journal, 1961, 50, p. 23.

Kvaraceus, William C. Poverty and undereducation: what the school and community can do, Occup Outlook Quart, 1964, 8, pp. 17-20.

Large, I. L. Schooling makes a difference, Teacher Coll Records, 1945, 46, pp. 483-492.

Layton, Warren K. Special services for the dropout and the potential dropout, Nat Assn Sec Sch Prin Bull, 1953, 37, pp. 72-76.

Levine, D. W. Integration: reconstructing academic values of youths in deprived areas, Clearing House, 1964, 39, pp. 159-162.

Lichter, Solomon O., et. al. The Dropouts: A Treatment Study of Intellectually Capable Students Who Drop Out of High School. New York: Free Press, 1962, 302 pp.

Long, Howard Hale. The relative learning capacities of Negroes and whites, J of Negro Educ, 1957, 26, pp. 121-134.

Los Angeles City School District. The Dropout Who Returns to Graduate from Adult High School. Los Angeles: The District, Research Report #253, 1963.

Maryland State Department of Education. Our Dropouts, June 1963. Baltimore, Maryland: The Department, 1963.

Mayer, Martin. The good slum schools, Harpers, 1961, 222, pp. 46-52.

Mays, J. B. Social disadvantaged and education, Educ Research, 1962, 5, pp. 2-9.

McReynolds, G. Upward bound, Sch and Comm, 1967, 53, p. 21.

Miller, Leonard M. Reference on Dropouts. Washington, D. C.: Office of Education, 1962.

Miller, S. M., Carolyn Comings, and Betty Saleem. The School Dropout Problems, Syracuse. Syracuse, New York: Syracuse University Youth Development Center, 1963.

Miller, S. M., Betty Saleem, and Harrington Bryce. School Dropouts: A Commentary and Annotated Bibliography. Syracuse, New York: Syracuse University Youth Development Center, 1963.

Montague, Joel B. Social status and adjustment in school, Clearing House, 1952.

Moore, F. L. Factors involved in student elimination from high school. J of Negro Educ, 1954, 23, pp. 117-122.

Morse, Arthur D. Schools of Tomorrow Today. New York: Doubleday, 1960, 191 pp.

Mueller, Kate H. and John H. Class structure and academic and social success, Educ and Psychol Measmt, 1953.

National Education Association, Research Division. School Programs for the Disadvantaged. Washington, D. C.: The Author, 1963.

National Education Association. Education and the Disadvantaged American. Washington, D. C.: The Author, 1962, 39 pp.

Neisser, Edith. School Failures and Dropouts. New York: Public Affairs Pamphlet #346, 1963.

Newton, Ernie Shaed. Verbal destitution: the pivoted barrier to learning, J of Negro Educ, 1960, 29, 497.

New York State Education Department. Reducing the School Dropout Rate. Albany: University of the State of New York, 1963.

Ohio State Department of Education. Pilot Study of Ohio High School Dropouts, 1961-62. Columbus: The Department, 1963.

Passow, A. Harry, Ed. Education in Depressed Areas. New York: Columbia University Press, 1963, 359 pp.

Pohlmann, Vernon C. Relationship between ability, socio-economic status, and choice of secondary school, J of Educ Soc, 1956.

Power, F. Ray. The school's role in rehabilitation, J Rehabilit, 1963, 29, 40.

Rice, J. P., Jr. Education of subcultural groups, School and Society, 1964, 92, pp. 360-362.

Rich, John Martin. How social class values affect teacher-pupil relation, J of Educ Sociol, 1960, 33, pp. 355-359.

Riessman, Frank and Hannah, A. Big city school: problems and prospects; teachers of the poor, The P.T.A. Magazine, 1964, 59, pp. 12-24.

Riessman, Frank. Alternative Strategies for the Education of the Disadvantaged. New Brunswick, N. J.: Rutgers University, 1963.

Riessman, Frank. School Culture, Learning Culture, and the Cognitive Style of the Disadvantaged. Unpublished speech delivered at the Training Program for Mobilization for Youth staff, New York, September, 1962.

Rosen, B. C. Race ethnicity and achievement, Amer Sociol Rev, 1959, 24.

Rosenberger, Homer T. The curriculum and its relation to guidance, *Bull Nat Assn Sec Sch Prin*, 1954, 38, pp. 103-111.

Schreiber, Daniel, Ed. *The School Dropout*. Washington, D. C.: National Education Association, 1964, 214 pp.

Schultz, Raymond E. A comparison of Negro pupils ranking high with those ranking low in educational achievement, *J of Educ Sociol*, 1958, 31, pp. 264-270.

Sharp, G. B. Ignorance and the teacher's situation, *J of Educ Sociol*, 1959, 33, pp. 61-66.

Stetler, Henry G. *A Comparative Study of Negro and White Dropouts in Selected Conn. High Schools*. Hartford, Conn.: Commission on Civil Rights, 1959.

Thomas, Robert J. An empirical study of high school dropouts in regard to ten possible related factors, *J of Educ Sociol*, 1954, 28, pp. 11-18.

U.S. Department of Labor and Office of Education. *Programs for the Educationally Disadvantaged: A Report of a Conference on Teaching Children and Youth Who Are Educationally Disadvantaged*. Washington, D. C.: The Author, 1962, 105 pp.

Wagner, G. What schools are doing: helping disadvantaged children and youth, *Biblio Ed*, 1967, 87, pp. 313-318.

Wattenberg, W. W. Education for the culturally deprived, *Nat Elementary Prin*, 1964, 44, pp. 16-19.

Wilkerson, D. A. Bibliography on the education of socially disadvantaged children and youth, *J Negro Educ*, 1964, 33, pp. 358-366.

Wilkerson, D. A. Prevailing and needed emphasis in research on the education of disadvantaged children and youth, *J Negro Educ*, 1964, 33, pp. 346-357.

Wright, Marion T. Some educational and cultural problems and needs of Negro children and youth, *J Negro Educ*, 1950, 19, pp. 310-321.

Psychological Aspects (Counseling and Guidance Testing)

Allen, Martin G. Childhood experience and adult personality: a cross cultural study using the concept of ego strength, *J Social Psychol*, 1967, 71, pp. 53-68.

Anonymous. Improving the morale of Negro children and youth, *J Negro Educ*, 1950, 19, pp. 408-425.

Beiser, Morton. Poverty, social disintegration and personality, *J Soc Issues*, 1965, 21, pp. 56-79.

Boney, J. Don. Predicting the academic achievement of secondary school Negro students, Personnel Guid J, 1966, 44, pp. 666-667.

Cahsman, W. J. Attitudes of minority youth: a methodological introduction, Amer Sociol Rev, 1949, 14, pp. 543-548.

Canady, H. G. The problem of equating the environment of Negro-white groups for intelligence testing in comparative studies, J of Social Psych, 1943, 17, pp. 3-15.

Carson, Gary. The self-concept of welfare recipients, Personnel Guid J, 1967, 45, pp. 424-428.

Eels, K., A. Davis, R. J. Havighurst, V. E. Herrick, and R. Tyler, Intelligence and Cultural Differences. Chicago: University of Chicago Press, 1951.

English, Walter. Minority group attitudes of Negroes and implications for guidance, J of Negro Educ, 1957, 26, pp. 99-107.

Gibbons, I. L. Character building agencies and the needs of Negro children and youth, J of Negro Educ, 1950, 19, pp. 363-371.

Goff, Regina M. Problems and emotional difficulties due to race, J of Negro Educ, 1950, 19, pp. 152-158.

Goldfarb, Jean and Frank Riessman. Role-Playing With Low-Income People. New York: Mobilization for Youth, 1962.

Goldin, George G. and Margolin, Reuben J. Motivation and the disadvantaged, Amer Archives Rehab Therapy, 1966.

Himelhoch, J. Tolerance and personality needs, Amer Sociol Rev, 1950, 15, pp. 79-88.

Huffman, H. Modifications of the perceptions of disadvantaged youth toward office work, Nat Bus Educ, 1967, 35, pp. 15-21.

Hurvitz, Nathan. Sources of motivation and achievement of American Jews, Jewish Social Studies, 1961, 23, pp. 217-234.

Jenkins, Martin D. Intellectually superior Negro youth: problems and needs, J of Negro Educ, 1950, 19, pp. 322-334.

Levinson, Perry and Jeffry Schiller. Role analysis of the indigenous nonprofessional, Soc Work, 1966, 11, pp. 95-101.

Luchins, A. S. Personality and prejudice, J Social Psych, 1950, 32, pp. 79-94.

McLean, Helen V. The emotional health of Negroes, J of Negro Educ, 1949, 18, pp. 283-290.

Prentice, Norman M. Ethnic attitudes, neuroticism, and culture, J of Social Psych, 1961, pp. 75-82.

Roberts, S. O. Some mental and emotional health needs of Negro children and youth, J of Negro Educ, 1950, 19, pp. 351-362.

Rose, Arnold M., Ed. The adjustment of migrants to cities, Social Forces, 1957, 36, pp. 72-76.

Rosen, B. C. The Achievement syndrome: a psycho-cultural dimension of social stratification, Amer Soc Review, 1956, 21, pp. 203-211

Rosen, Bernard. Race, ethnicity, and achievement, Amer Sociol Review, 1959, 24.

Rothman, Jack. In-group identification and out-group association: a theoretical and experimental study, J Jewish Communal Service, 1960, pp. 81-93.

Rousseve, R. J. Some aspects of the personality stresses of Negro Americans and several of their implications for teaching, J of Negro Educ, 1960, p. 29.

Stubbins, Joseph. Diagnosis for vocational rehabilitation. In: Proceedings of Institute for Medical Consultants in State-Federal Rehabilitation Programs. Los Angeles: University of California, 1960, pp. 12-14.

Tuddenham, R. D. The influence upon judgment of the apparent discrepancy between self and others, J of Social Psych, 1961, 53, p. 69.

Psychological Aspects (Counseling and Guidance)

Anliot, R. B. Role-playing training program in minority-group guidance problems, J of Intergroup Relations, 1961, Spring, pp. 124-131.

Banks, G., B. G. Berenson, and R. Carkhuff. The effects of counselor race and training upon counseling process with Negro clients in initial interview, J Clin Psychol, 1967, 23, pp. 70-72.

Chapin, Arthur. The counselor and the Negro student, Occup Outlook Quart, 1966, 10, pp. 5-7.

Duncan, Jackie A. The effects of short-term group counseling on selected characteristics of culturally deprived ninth grade students, Diss Abstracts, 1966, 27, pp. 387-388.

Dunn, Dennis. Counseling the 'culturally different,' NRCA Profess Bull, July, 1967.

English, Walter H. Minority group attitudes of Negroes and implications for guidance, J of Negro Educ, 1957, 26, pp. 99-107.

Frosh, Maxine B. Exploring occupations in counseling, Employ Serv Rev, 1964, pp. 60-63.

Hitchcock, Arthur A. New action programs present counselors with their greatest challenge, Employ Serv Rev, 1964, pp. 7-8.

King, Donald C. and H. Niel Rude. Implications of interest patterns for vocational counseling and retraining programs, Personnel Guid J, 1964, 43, pp. 610-616.

Kirk, Barbara and Marjorie E. Michels. Occupational Information in Counseling: Use and Classification. Palo Alto, California: Consulting Psychologists Press, 1964, 81 pp.

Krantz, Harry. Highlights, problems, challenges, and new programs in the emerging youth opportunity centers, Employ Serv Rev, 1964, pp. 38-42.

Landes, Ruth. Cultural factors in counseling, General Educ, 1963.

Novak, D. Counseling culturally disadvantaged requires special understanding, Chicago Sch J, 1964, 45, pp. 366-372.

Ohio Civil Rights Commission. Counseling Minority Group Youth: Developing the Experience of Equality Through Education. Columbus, Ohio: Author, 1962, 139 pp.

Phillips, Waldo. Counseling Negro pupils: An educational dilemma, J of Negro Educ, 1960, 29.

Record, Wilson. Counseling and communication, J of Negro Educ, 1961, 30, pp. 450-454.

Riessman, Frank, Jerome Cohen and Arthur Pearl. New Treatment Approaches for Low Income People. New York: Free Press, 1964, 648 pp.

Rubenstein, Dan, Sol Sobsey, and Gerald Shattuck. Preventing high school dropouts, Rehab Rec, 1966, 7, pp. 22-24.

Ruff, E. E. Guidance as viewed through the neighborhood youth corps, Nat Assn Sec Sch Prin Bull, 1966, 50, pp. 37-42.

Russell, James W. Counseling Negro students, J of Negro Educ, 1959, 28, pp. 74-75.

Schreiber, Daniel, Ed. Guidance and the School Dropout. Washington, D. C.: National Education Association, 1964, 267 pp.

Trueblood, Dennis L. The role of the counselor in the guidance of Negro students, Harvard Educ Rev, 1960, 30, pp. 254.

U.S. Office of Education. Commitment to Youth: A Report on Five Years of Progress in Guidance, Counseling, and Testing under Title X of the National Defense Act, 1959-1963. Washington: Government Printing Office, 1964, 44 pp.

Wolfbein, Seymour. The role of counseling and training in the war on unemployment and poverty, Voc Guid Quart, 1964, pp. 50-52.

Yeshiva University Graduate School. Guidance for Socially and Culturally Disadvantaged Children and Youth. New York: Author, 1963, 107 pp.

Testing

Arnstein, Sherry. Testing the untestables, Occup Outlook Quart, 1964, 8, pp. 21-24.

Ball, J. C. Comparison of MMPI profile differences among Negro-White adolescents, J Clinical Psych, 1960, 16, pp. 304-307.

Bernardoni, Louis C. A culture fair intelligence test for the ugh, no, and oo-la-la cultures, Personnel Guid J, 1964, pp. 554-557.

Cattell, R. B. A culture-free intelligence test, J Educ Psych, 1940, 31, pp. 161-180.

Cattell, R. B., S. A. Feingold, and S. B. Sarason. The culture-free intelligence test evaluation of cultural influence on test performance, J Educ Psych, 1941, 32, pp. 81-100.

Davis, Allison and R. J. Havighurst. The measurement of mental systems, Scientific Monthly, 1948, 66, pp. 301-316.

Dvorak, Beatrice J. Testing the undereducated, Employ Serv Rev, 1964, pp. 20-21.

Hukanson, J. E. and W. L. Wilkins. Negro-White differences on the MMPI, J Clinical Psych, 1960, 16.

Lennon, Roger T. Testing and the Culturally Disadvantaged Child. New York: Harcourt, Brace & World, Inc., 1964.

Peters, J. S. Study of the Wechsler-Bellevue verbal scores of Negro and white males, J of Negro Educ, 1960, 29, pp. 7-16.

Prattor, E. E. Relationship between reading retention and the measurement of intelligence, Personnel Guid J, 1959, 38, pp. 49-51.

Science Research Associates. Current and Proposed SRA Materials Relevant to the "War on Poverty" Effort. Chicago: The Author, 1963, 9 pp.

Society for the Psychological Study of Social Issues. Guidelines for Testing Minority Group Children. Ann Arbor, Mich.: Author, 1963.

Sociological Aspects

Alinsky, Saul D. Reveille for Radicals. Chicago: University of Chicago Press, 1946.

Bamberger, M. A. and N. Lewin. The right to equal treatment: administrative enforcement of anti-discrimination legislation, Harvard Law Rev, 1961, 74.

Benson, L. G. Family social status and parental-authority evaluations among adolescents, Southwestern Social Science Quart, 36.

Blair, H. E. Human relations problems of migratory students, Natl Assn Sec Sch Prin Bull, 1955, 39.

Brager, George. Organizing the unaffiliated in a low-income area, Social Work, 1963, 8.

Brink, William. The Negro Revolution in America. New York: Simon and Schuster, 1964, 249 pp.

Campisi, Paul J. Ethnic family patterns: The Italian family in the United States, Amer J of Sociol, 1948, 53.

Charters, W. W., Jr. Social class analysis and the control of public education, Harvard Educ Rev, 1953.

Chin, Ai Lis. Some problems of Chinese youth in transition, Amer J of Sociol, 1948, 54.

Cohn, J. Integration of Spanish-speaking newcomers in a fringe area school, Natl Elem Prin, 1960, 39.

Community Council of Greater New York, Research Department. Poverty in New York City: Selected facts for planning community action. New York: Author, 1964, 34 pp.

Croog, S. H. Ethnic origins, educational level and responses to a health questionnaire, Human Organization, 1961, pp. 65-69.

Dunne, George H., Ed. Poverty in Plenty. New York: P. J. Kennedy, 1964, 142 pp.

Ellis, Robert A. and W. Clayton Lane. Social mobility and career orientation, Sociology and Social Research, 1966, 50, pp. 280-296.

Ellis, Robert A. and W. Clayton Lane. Structural supports for upward mobility, Amer Sociol Rev, 1963, 28, pp. 743-756.

Falk, Gerhard J. The role of social class differences and horizontal mobility in the etiology of aggression, J Educ Sociol, 1959, 33.

Floud, Jean E., et al. Social Class and Education Opportunity. London: Heinemann, 1956.

Frazier, E. Franklin. Negro in the United States. New York: Macmillan, 1957, 769 pp.

Frazier, E. Franklin. Problems and needs of Negro children and youth resulting from family disorganization, J of Negro Educ, 1950, 19, pp. 269-277.

Galbraith, John K. The Affluent Society. Boston: Houghton-Mifflin Company, 1960, 369 pp.

Greenberg, M. Social characteristics of the Jewish students at the University of Maryland, Jewish Social Studies, 1961, 23, 21-36.

Haggard, Ernest A. Social status and intelligence, Genetic Psychology Monographs, 1954, 49, pp. 141-186.

Harrington, Michael. The Other America: Poverty in the United States. Baltimore: Penguin Books, 1964.

Havighurst, Robert J., et al. Growing up in River City. New York: Wiley and Sons, 1962, 189 pp.

Humphrey, Hubert H. Society's benefits are for all our citizens, Rehab Rec, 1966, 7, pp. 1-5.

Humphrey, Hubert H. War on Poverty. New York: McGraw-Hill Book Company, 1964, 206 pp.

Hurvitz, Nathan. Sources of middle-class values of American Jews, Social Forces, 1958, 37, pp. 117-123.

Isaaca, Harold R. The New World of Negro Americans. New York: Day Company, 1963, 366 pp.

Jones, Robert C. Ethnic family patterns: the Mexican family in the United States, Amer J of Sociol, 1948, 53.

Jouvenal, Bertrand de. Ethics of Redistribution. London: Cambridge University Press, 1951.

Keyserling, Leon H. Progress or Poverty: the U. S. at the Crossroads. Washington, D. C.: Conference on Economic Progress, 1964, 150 pp.

Kohn, Melvin L. Social class and parental authority, Amer Sociol Rev, 1959, 24, pp. 352-356.

Lundberg, George A. and Lenore Dickson. Selective association among ethnic groups in a high school population, Amer Sociol Rev, 1952.

MacDonald, Dwight. Our invisible poor. The New Yorker, 1963.

Marshall, Thomas H. Citizenship and Social Class. London: Cambridge University Press, 1950.

McDaniel, Alvin C. Attack on poverty, Rehab Rec, 1965, 6, pp. 9-13.

Miller, Herman P. Rich Man, Poor Man. New York: Thomas Y. Crowell, 1964.

Mills, C. Wright, et al. The Puerto Rican Journey, New York's Newest Migrants. New York: Harper, 1950, 238 pp.

Mondell, Betty. The crime of poverty, Soc Work, 1966, 11, pp. 11-15.

Musgrove, F. Youth and the Social Order. Bloomington, Indiana: Union Press, 1965, 168 pp.

Nahirny, V. C. and J. A. Fishman. American immigrant groups: Ethnic identification and problems of generations, *Soc Rev*, 1965, pp. 311-326.

Price, Daniel O. Non white migrants to and from selected cities, *Amer J Sociol*, 1948, 54, p. 3.

Psathas, G. Ethnicity, social class, and adolescent independence from parental control, *Amer Sociol Rev*, 1957, 22, pp. 415-423.

Riessman, Frank. *Action Principles for Working with Low-Income People*. New York: Mobilization for Youth, Training and Personnel, 1962.

Roach, J. L. and O. R. Gursslin. An evaluation of the concept "culture of poverty," *Soc Forces*, 1967, 45, pp. 383-391.

Rosen, Bernard. Family structure and achievement motivation, *Amer Sociol Rev*, 1961, 27, pp. 574-585.

Sewell, William H. et al. Social status and educational and occupational aspiration, *Amer Sociol Rev*, 1957, 22.

Silberstein, Fred B. and Melvin Seeman. Social mobility and prejudice, *Amer J Sociol*, 1959, 65, pp. 258-264.

Smally, R. Significance of family for the development of personality, *Social Service Rev*, 1950, 24, pp. 59-66.

Smith, T. V. *The American Philosophy of Equality*. Chicago: University of Chicago Press, 1927.

Spiro, M. E. Acculturation of American ethnic groups; acculturation and personality, *Amer Anthropologist*, 1955, 57.

Taylor, James B. Poverty, psychiatry, and rehabilitation, *Rehab Rec*, 1966, 7, pp. 12-17.

Tawney, R. H. *Equality*. London: Cambridge University Press, 1931.

Thomson, David. *Equality*. London: Cambridge University Press, 1949.

Thoreson, Richard. Disability viewed in its cultural context, *J Rehabilit*, 1964, 30, pp. 12-13.

Triandis, H. C. and L. M. Triandis. Race, social class, religion, and nationality as detriments of social distance, *Social Psych*, 1960, pp. 110-118.

Wakefield, Dan. *Island in the City: Puerto Ricans in New York*. New York: Citadel Press, 1964, 278 pp.

Wessel, B. B. Ethnic family patterns: The american Jewish family, *Amer J Sociol*, 1948, 53.

Young, Whitney N. *To Be Equal*. New York: McGraw-Hill, 1964, 254 pp.

Zimbalist, Sidney. Drawing the poverty line, *Soc Work*, 1964, p. 19-26.

Vocational Aspects

Amos, W. E. A study of the occupational awareness of a selected group of 9th grade students, J of Negro Educ, 1960, 29, pp. 500-503.

Amos, W. E. Group guidance is one of the best means of motivating such youth, Employ Serv Rev, 1964, pp. 42-46.

Anonymous. Automation and youth, Amer Child, 1960, 42.

Anonymous. From tax consumer to tax payer, Rehab Rec, 1964, 5, pp. 33.

Anonymous. Helping the long-term unemployed, Employ Security Rev, 1962, pp. 1-58.

Anonymous. Jobs for the hard-core poor in private industry and elsewhere, Business Week, March 1967, p. 48.

Anonymous. Labor-Negro divisions widen, Business Week, July, 1960.

Anonymous. Mobilization for youth, Occup Outlook Quart, 1963, 7, pp. 14-20.

Anonymous. Negro unionists organized for actions, Business Week, June, 1960.

Anonymous. New shoes for Navajos, Rehab Rec, 1965, 6, pp. 4-5.

Anonymous. Serving People in Need. Washington: Government Printing Office, 1964, 28 pp.

Anonymous. The grip of poverty on the unemployed, Amer Federationist, 1964, pp. 13-18.

Anonymous. The welfare client's rehabilitation, Rehab Rec, 1967, 8, pp. 23-25.

Anonymous. Trade unions and minority problems, J Social Issues, 1953, p. 9.

Anonymous. Upward bound: A quest for hidden talent, Occup Outlook Quart, 1967, 2, pp. 28-29.

Augustine, T. Negroes progress toward employment equality, Personnel Guid J, 1958, p. 36.

Ayers, George E. Vocational rehabilitation gives welfare recipients new lease on life, J Rehabilit, 1967, 33, pp. 13-14.

Baer, M. F. Attack on city slum unemployment, Personnel Guid J, 1967, 45, pp. 1046-1047.

Baer, M. F. Manpower research projects, Personnel Guid J, 1967, 45, pp. 622-623.

Baer, M. F. More manpower research, Personnel Guid J, 1966, 44, pp. 874-875.

Baer, M. F. Negro employment in federal government, *Personnel Guid J*, 1961, 39.

Baer, M. F. Negro employment rate grows faster, *Personnel Guid J*, 1967, 45, pp. 304-305.

Baer, M. F. Nonwhite labor force participation rising, *Personnel Guid J*, 1967, 45, pp. 524-525.

Baer, M. F. One-by-one approach to disadvantaged, *Personnel Guid J*, 1966, 44, pp. 1106-1107.

Baer, M. F. Profile of poverty, *Personnel Guid J*, 1965, 44, pp. 104-105.

Beach, M. Home economics and the culturally deprived, *J Home Econ*, 1966, 58, pp. 780-782.

Becker, Joseph M., William Haber, and Sar A. Levitan. *Programs to Aid the Unemployed in the 1960's*. Kalamazoo, Michigan: W. E. Upjohn Institute for Employment Research, 1965, 42 pp.

Benney, Celia, Eugene Glynn, Eulalie Adams, and Jay Sloma. Rehabilitating the school dropout, *Rehab Rec*, 1965, 6, pp. 1-5.

Bernstein, Jerome. Vocational rehabilitation: Powerful ally in the war on poverty, *J Rehabilit*, 1965, 31, pp. 14-15.

Bloch, H. D. Organized labor and the integration of ethnic groups, *J Human Rel*, 1958, 6, pp. 30-46.

Brooks, Deton, Jr. Helping Cook County's culturally deprived adults, *NEA Journal*, 1963, 52, pp. 29-30.

Brooks, Thomas. Negroes at work, *Commonwealth*, 1961, pp. 606-608.

Buckley, Louis F. Discriminatory aspects of the labor market of the 60's, *Interracial Rev*, 1961, pp. 75-78.

Burchill, George, Ed. *Work-Study Programs for Alienated Youth, A Casebook*. Chicago: Science Research Associates, 1962.

Cobb, W. Montague. Not to the swift: progress and prospects of the Negro in science and the professions, *J of Negro Educ*, 1958, 27, pp. 102-126.

Crockett, Harry J. The achievement motive and differential occupational mobility in the United States, *Amer Sociol Rev*, 1962, 27, p. 191.

Dentler, Robert. Dropouts, automation, and the cities, *Teachers College Record*, 1964, 65, pp. 475-483.

Detroit Board of Education. *Preparing Pupils for the World of Work*. Detroit: The Board, 1962.

Dynes, Russell R., et al. Levels of occupational aspiration: some aspects of family experience as a variable, *Amer Sociol Rev*, 1956, 21.

Edelsberg, Herman. New jobs for Negroes, *Occup Outlook Quart*, 1966, 10, pp. 14-15.

Evans, P. C. C. Experiment in youth rehabilitation: Jamaica youth corps, *International Journal of Adult and Youth Education*, 1963, 15, pp. 11-21.

Fleischman, Harry. Equality and the unions, *Religion and Labor*, 1961, pp. 1-3, 5-8.

Fortune. Labor's race problem, *Fortune*, March, 1959.

Frumkin, R. M. Race, occupation, and social class in Ohio, *Jour of Negro Educ*, 1954, 23, pp. 492-495.

Genderson, V. W. The economic imbalance--an inquiry into the economic status of Negroes in the U. S. 1935-1960--with implications for Negro education, *Quarterly Rev of Higher Educ Among Negroes*, 1960, p. 18.

Gissen, Ira. The mountain migrant: The problem centered workshop at Barea, *J Human Relations*, 1960, pp. 67-73.

Gold, M. J. Work and school as partners in education, *International Review of Education*, 1962, 7, pp. 449-453.

Gourley, Jack G. *The Negro Salaried Worker*. New York: American Management Association, 1965, 103 pp.

Harrington, Michael. *The Retail Clerks*. New York: Wiley, 1962.

Hiestant, Dale L. *Economic Growth and Employment Opportunities for Minorities*. New York: Columbia University Press, 1963, 124 pp.

Hill, Herbert. Racism within organized labor--a report of five years of the AFL-CIO, 1955-1960, *J of Negro Educ*, 1961, pp. 109-118.

Hope, John. Industrial integration of Negroes: the upgrading process, *Human Organization*, 1952, 11, pp. 5-14.

Jacobs, Paul. The Negro worker asserts his rights, *The Reporter*, July, 1959, p. 21.

Keyserling, Leon. *Poverty and Deprivation in the United States*. Washington, D. C.: Conference on Economic Progress, 1962.

Kiehl, Robert. Opportunities for Negroes in engineering, *Personnel Guid J*, 1958, 37, pp. 219-222.

Kheel, Theodore W. The gains of democratic employment, *New York Times*, January, 1960.

Komarovsky, Mirra. *Blue Collar Marriage*. New York: Random House, 1965, 395 pp.

Krause, Elliott. After the rehab center, *Soc Problems*, 1966, 14, pp. 197-205.

Kvauss, Irving. Sources of educational aspiration among working class youth, Amer Sociol Rev, 1964, 29, pp. 867-879.

Landy, David. Rehab as a socio-cultural process, J Social Issues, 1960, 16, pp. 3-7.

Lawrence, P. F. Vocational aspirations of Negro youth in California, J of Negro Educ, 1950, 19, pp. 47-56.

Lebergott, Stanley, Ed. Men without Work. Englewood Cliffs, N. J.: Prentice-Hall, 1965, 183 pp.

Leggett, John C. Economic insecurity and working class consciousness, Amer Sociol Rev, 1964, 29, pp. 227-234.

Leggett, John C. and David Street. Economic deprivation and extremism: a study of unemployed Negroes, Amer J Sociol, July 1961, pp. 53-57.

Macy, John W. Equal opportunity for the handicapped in the federal civil service, Employ Service Review, September 1964, pp. 6-10.

Mali, Paul. Retraining for the unemployed, Voc Guid Quart, 1963, pp. 286-291.

Management Review. How integration is working out in industry, Management Rev, July 1956.

Maryland Committee for Children and Youth. Report on the Out-of-School Unemployed Youth. Baltimore: The Committee, 1963.

May, Edgar. The Wasted Americans. New York: Harper and Row, 1964, 238 pp.

McPherson, E. L. The role of the Negro in the healing professions in contemporary America, J National Medical Assn, September 1955, p. 47.

McWhorter, Clyde C. and Antoinette Lamonte. Special help for special people, Rehab Rec, 1967, 8, pp. 26-30.

Morrow, J. J. American Negroes--a wasted resource, Harvard Business Rev, Jan-Feb 1957.

Muegge, Robert H. The people who receive APTD, Welfare in Review, 1964, 2, pp. 1-14.

National Committee for Children and Youth. Social Dynamite: Conference on Unemployed Out-of-School Youth in Urban Areas. Washington, D. C.: Auther, 1961.

National Committee on Employment of Youth. Help for Out-of-Work Youth. New York, 1963, 32 pp.

Norgren, Paul H. Employing the Negro in American Industry, a Study of Management Practices. New York: Industrial Relations Counselors, 1959, 171 pp.

Novak, Fred A. An Intensive Program of Voc Rehab Services to Disabled Public Assistance Applicants and Recipients. Lincoln, Nebraska: Division of Rehabilitation Services, 1966.

O'Brian, J. L. Vocational education can meet special needs of youth, Ag Ed Mag, 1966, 39, p. 54.

Ostlund, Leonard A. Occupational choice patterns of Negro college women, J of Negro Educ, 1957, p. 26.

Owens, J. A. Integration in industry, Catholic Digest, 1961, pp. 40-43.

Pearl, Arthur and Frank Riessman. New Careers for the Poor. New York: The Free Press, 1965, 264 pp.

Peterson, Ronald A. Rehabilitation of the culturally different: a model of the individual in cultural change, Personnel Guid J, 1967, 45, pp. 1001-1007.

Pope, Hallowell. Economic deprivation and social participation in a group of "middle-class" factory workers, Social Problems, 1964, 11, pp. 290-300.

Reissman, Leonard. Levels of aspiration and social class, Amer Sociol Rev, 1953, p. 18.

Richmond, Charlotte. Wider horizons for Negro workers, Occup Outlook Quart, 1964, 8, pp. 9-15.

Rigdon, Dorothy. Montana's Indian project, Rehab Rec, 1965, 6, pp. 1-4.

Rose, A. M. Graduate training for the culturally deprived, Sociol of Ed, 1966, 39, pp. 201-208.

Rose, Gerald. Placing the marginal worker, J Rehabilit, 1963, 29, pp. 11-13.

Setleis, Lloyd. Civil rights and the rehabilitation of AFDC clients, Social Work, 1964, 9, pp. 3-9.

Shaffer, H. B. Negro employment, Editorial Research Report, 1959, pp. 575- 589.

Smith, C. R. Breakthrough from poverty: post-high school technical education for the disadvantaged, Amer Voc J, 1967, 42, pp. 18-19.

Smuts, R. W. The Negro community and the development of Negro potential, J of Negro Educ, 1957, 26, pp. 456-465.

Stevic, Richard and George Uhlig. Occupational aspirations of selected Appalachian youth, Personnel Guid J, 1967, 45, pp. 435-439.

Strodtbeck, F. L., et al. Evaluation of occupations: a reflection of Jewish and Italian mobility differences, Amer Sociol Rev, 1957, 22, pp. 546-553.

Supervisory Management. Merit for hire: on-the-job integration has worked out in leading companies, Supervisory Management, 1958, 3, pp. 8-14.

Thomas, J. A. Employment opportunities in a free society, J Religious Thought, 1957-1958, 15, pp. 37-42.

Upjohn Institute for Employment Research. The Search for Jobs. Kalamazoo, Michigan: Author, 1965.

U. S. Department of Labor, Bureau of Employment Security. America is for Everybody. Washington, D. C.: Government Printing Office, 1963, 19 pp.

Virginia State College. Training for the Hard-Core Unemployed. Washington, D. C.: Government Printing Office, 1964, 101 pp.

Vroom, Victor. Work and Motivation New York: Wiley, 1964, 331 pp.

Walker, Robert A. Rehabilitation of the hard-core unemployed, J Rehab, 1967, 33, pp. 26-27.

Weiner, Hyman J. and Shelly Akabas. Rehabilitation and the blue-collar worker, Rehab Rec, 1964, 5, pp. 18-23.

Weiner, Max and Walter Murry. Another look at the culturally deprived and their levels of aspiration, J Educational Sociology, 1963, 36, pp. 319-321.

Woods, Marian J. California's minority groups program, Employ Serv Rev, 1964, pp. 40-43.

Yinger, J. M. and G. E. Simpson. Can segregation survive in an industrial society, Antioch Rev, Spring 1938, p. 18.